Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

# Issued by the Chief Inspector

| | |
|---|---|
| Name of designated centre: | Glendonagh Residential Home |
| Name of provider: | Glendonagh Residential Home Limited |
| Address of centre: | Dungourney, Midleton, Cork |
| Type of inspection: | Unannounced |
| Date of inspection: | 08 April 2026 |
| Centre ID: | OSV-0000229 |
| Fieldwork ID: | MON-0049857 |

## About the designated centre

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

Glendonagh Residential Home is located near the village of Dungourney in East Cork. It is set on well maintained, extensive grounds. The centre is registered as a designated centre under the Health Act 2007 for the care of 42 residents with 24-hour nursing care available. The centre is registered to provide accommodation for 42 residents over two floors. There is a specific nine bedded dementia care unit for residents who required additional support called the Orchard unit. Care is provided by a team of nursing staff who are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

**The following information outlines some additional data on this centre.**

| | |
|---|---|
| Number of residents on the date of inspection: | 37 |

## 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 8 April 2026 | 09:30hrs to 18:10hrs | Siobhan Bourke | Lead |
| Wednesday 8 April 2026 | 09:00hrs to 18:10hrs | Caroline Connelly | Support |

## What residents told us and what inspectors observed

This was a one day unannounced inspection by two inspectors of social services, to monitor compliance with the regulations and to follow up on unsolicited information received to the office of the Chief Inspector. Throughout the day, the inspectors met with many of the residents and spoke with 12 residents in more detail. Overall, residents told the inspectors that staff were kind and caring and they were content living in the centre.One resident said "staff work very hard and are very obliging and helpful". Many of the residents living in the centre had a cognitive impairment and couldn't articulate their views to the inspectors. These residents appeared comfortable and content in the company of staff and in their environment. The inspectors also had the opportunity to speak with eight sets of visitors who gave positive feedback regarding the care provided to their relatives.

After following the signing in procedures for visitors to the centre, the inspectors walked around the centre to meet with residents, staff and observe the daily routines in the centre. At the time some residents were in their bedrooms, having finished breakfast and others were being assisted with their personal care. A small number of residents were observed in the main day room and others were being brought to this room once they were dressed and ready for the day. During the walk-around, the inspectors saw that there was a relaxed atmosphere and staff were observed knocking on residents' bedroom doors before entering and greeting residents in a friendly manner. In the Orchard Unit, which is a secure unit in the centre, there were two staff assisting residents with their personal care. Staff confirmed that two staff were rostered to this unit at all times during the day. Residents who were independent with their mobility in this unit, were able to move freely between the day room and dining room and the small outside courtyard. Staff were observed interacting with residents, in a kind and compassionate way and assisting them as required.

Glendonagh Residential Care Home is located on spacious, well maintained grounds, near the rural village of Dungourney. The centre has three floors, with accommodation for 31 residents on the ground floor and 11 residents on the first floor, in the Manor Wing. The laundry and storage areas are in the basement of the building. Resident accommodation is in three distinct units, namely the Orchard Unit, which is a secure unit, for residents living with dementia, or other specific needs. This unit has seven single bedrooms and one twin bedroom for residents. The Courtyard Unit is on the ground floor and accommodates 14 residents in two twin bedrooms and 10 single bedrooms. The Manor Unit is over two floors with one triple bedroom on the ground floor, four twin bedrooms and eight single bedrooms. The centre had a number of well-maintained communal rooms and private spaces for residents' use, including a large day room and multi-purpose room, a large dining room, the Gold Room, used as a visiting room and the Green Room as a family room.

The inspectors saw that overall the premises were well maintained. The hair salon and storage room had been reconfigured since the previous inspection and the hair salon was decorated similarly to a professional salon with mirrors, lighting and a functioning hairdressers sink and dryer. The storage room was used to store hoists, wheelchairs and other equipment. The inspectors saw that boxes of clinical supplies were inappropriately stored in this room on the day of inspection; these were immediately removed by the management team. The centre had a laundry in the lower basement of the centre. The inspectors saw that the laundry had been fitted out with a new industrial style washing machine and dryer. There was a designated area for storage of clean clothes and and an area for ironing residents' clothes in the lower basement of the centre. However, there was no hand wash basin in this area as required under Regulation 17; Premises.

Residents' bedrooms were clean and decorated with personal memorabilia, such as photographs, personal items and soft furnishings. Televisions and call bells were provided in all bedroom areas. The inspectors saw that flooring in some residents' bedrooms was worn and cracked and required attention; this is outlined further in the report. Throughout the day of the inspection, for residents who chose to remain in their rooms, they were seen to have their call bells responded to in a timely manner.

The inspectors observed the lunch time and evening meal and saw that it was a sociable experience for residents. Many of the residents chose to eat in the main dining room, while a smaller number of residents who required assistance, were eating their meals in the multi-purpose room, that had dining tables and was a quiet space for residents to enjoy their meals. There were two choices for the lunch time and evening meal. Residents gave very positive feedback to the inspectors regarding the quality and variety of food offered to them in the centre. One resident told the inspector that the mash potato was delicious. The inspectors saw that texture modified meals were well presented and appeared wholesome and nutritious. Residents who required assistance with their meals were provided with this, in an unhurried and respectful manner by staff.

The inspectors saw that there was a schedule of activities available in the centre and one of the centre's administrators was responsible for co-ordinating external providers for these activities. On the morning of the inspection, the mobile library was onsite, providing residents who enjoyed reading with a selection of books. A large group of residents spent their day in the centre's main day room. Following the lunchtime meal, a member of the care team got many of the residents in the day room to participate in a lively parachute and ball game which appeared to be fun. Some of the residents told the inspector that they enjoyed the live music that was held in the centre twice a week. Mass was also celebrated in the centre once a month. However, during the morning apart from the mobile library, the inspectors saw that there was very limited activation or social stimulation for residents other than the TV. This is detailed under Regulation 9; Residents rights.

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

## Capacity and capability

This was an unannounced inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors followed up on the findings of the previous inspection which found the provider was non-compliant with Regulation 15; Staffing, Regulation 23; Governance and management, Regulation 31; Notification of incidents, Regulation 34; Complaints procedure, Regulation 8; Protection and Regulation 9; Residents rights. The inspectors also followed up on unsolicited information received that raised concerns regarding the quality and safety of care delivered to residents. This inspection found that the provider had worked to strengthen the governance and management arrangements and systems in place and there was good improvements evident in the quality and safety of care provided to residents. Some action was required to come into compliance with the regulations as detailed further in this report.

The registered provider for Glendonagh Residential Home is Glendonagh Residential Home Ltd. The registered provider company has two directors, one of whom is actively involved in the management of the centre and is the nominated person representing the provider. The designated centre also had a full time administration manager and receptionist.

The inspectors found that the governance and management arrangements in the centre had been strengthened with the appointment of a clinical nurse manager since July 2025 and an assistant director of nursing in January 2026 to support the person in charge in their role.

On the day of inspection, the number and skill mix of staff was appropriate to meet the assessed needs of the 37 residents living in the centre. From a review of rosters and from speaking with staff and management, there was ongoing recruitment to replace two health care assistants and one registered nurse position. Agency staff were resourced to fill any gaps in the roster, as they arose. The day roster for nurses had been reconfigured so that one of the day staff stayed on duty to ensure the night nurse could complete their medication rounds without interruption. There were no delays in care or answering of call bells reported by residents.

The inspectors saw that staff were appropriately supervised by the assistant director of nursing and the person in charge on the day of inspection. The provider ensured that staff had access to training appropriate to their role. From a review of the training matrix, it was evident that staff were up-to-date with mandatory training in manual handling and fire safety training. Staff providing direct personal and social

care to residents, such as nursing and care staff, were up-to-date with safeguarding vulnerable persons from abuse and managing responsive behaviour. A number of housekeeping staff, administration staff and kitchen staff required refresher training in safeguarding and management of responsive behaviours as detailed under Regulation 16; Staff training and supervision.

From a review of the records maintained of complaints, it was evident that the provider had improved the management of complaints in the centre. The procedure was displayed in the centre and there was evidence that complaints were investigated and actioned by the provider.

Incidents were recorded electronically in the centre and from a review of records maintained, it was evident that required notifications were submitted by the person in charge within the required time frames.

Records were stored securely in the centre and staff files contained the information required under Schedule 2 of the regulations.

The inspectors found that the management systems in place to monitor the quality and safety of care provided to residents had been enhanced and monitoring of key risks to residents such as falls, residents with weight loss, responsive behaviour and wounds was closely monitored. There was a schedule of audits in place that included infection control, care planning, and medication management. From a review of the care plan audits, these reflected the inspectors findings as outlined under Regulation 5; individualised assessment and care plan.

An annual review of the quality and safety of care delivered to residents had been prepared and was available for inspectors to review.

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

The provider submitted the required application information to support renewal of the centre's registration.

Judgment: Compliant

## Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the assessed needs of the 37 residents living in the centre on the day of inspection. The number of health care assistants rostered for the night shift had increased from two to three since the previous inspection. From a review of rosters and speaking with staff and management, there was one nurse position and two health care assistant vacancies in the centre, however recruitment was in progress to replace these positions. The

inspectors saw that gaps in the rosters were replaced with staff working extra shifts and agency staff until these positions were filled.

Judgment: Compliant

## Regulation 16: Training and staff development

From a review of the training matrix maintained in the centre, a number of staff required training appropriate to their role as evidenced by the following;

- A number of kitchen staff, administration staff and cleaning staff were overdue training in the management of responsive behaviours, in the safeguarding of residents and two staff were due fire training and manual handling respectively.

Judgment: Substantially compliant

## Regulation 21: Records

Inspectors found that records were stored securely in the centre. A sample of four staff records were examined and they contained the necessary information required under Schedule 2 of the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

The inspectors found there had been enhanced governance and management of the centre since the last number of inspections.

The inspectors found that the centre was adequately resourced to ensure the effective delivery of care in accordance with the statement of purpose.

The management structure was clearly defined and had been enhanced since the previous inspection with the recruitment of an assistant director of nursing and a clinical nurse manager to support the person in charge in their role.

The provider had enhanced the management systems in place to monitor the quality and care provided to residents living in the centre.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

Residents had a signed a contract. The contract detailed the services provided to each resident whether under the Nursing Home Support Scheme or privately. The type of accommodation was stated along with fees and the room number.

Judgment: Compliant

## Regulation 31: Notification of incidents

A record of incidents occurring in the centre were maintained on an electronic system. From a review of these records, it was evident that notifications were submitted to the office of the Chief Inspector as required.

Judgment: Compliant

## Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre and met the requirements of the regulation. The inspectors reviewed the records maintained of complaints in the centre and saw that these were actioned by the management team. Written responses were provided to complainants and the provider assured the inspectors that these would include details of the review process following the inspection.

Judgment: Compliant

## **Quality and safety**

Overall, the inspector found that residents living in Glendonagh Residential Home were supported with good access to healthcare services and care from kind and caring staff. Some action was required with regards to premises and care planning which is detailed under the relevant regulations.

The inspectors reviewed a sample of four care plans and found that residents had good access to local GP services, who reviewed residents living in the centre once a week and as required. Residents had good access to physiotherapy services and access to dietitian and speech and language therapists. From a review of a sample of records, it was evident that residents who required review by a health and social care professional were referred and reviewed as required. Each resident had a care plan that was developed using validated assessment tools, to assess risks to residents such as malnutrition, skin integrity and falls risks. Care plans were noted to be updated every four months as required in the regulation. While some of the care plans reviewed were person-centred and sufficiently detailed to direct care, others require action to ensure wound care assessments were consistently recorded and an end of life care plan required review as detailed under Regulation 5 Individual assessment and care plan.

Residents' weights were being assessed monthly and weight changes were closely monitored. Each resident had a nutritional assessment completed using a validated assessment tool. Modified diets and specialised diets, as prescribed by health care or dietetic staff were implemented and adhered to. There was an adequate number of staff to ensure that residents who required assistance could be provided with it in a timely manner.

The inspectors saw that the premises was clean and overall well maintained on the day of inspection. The hairdressing room and a storage room had been reconfigured to improve the facilities for residents. The multipurpose room connecting the day room was furnished with chairs, a large sofa and tables and chairs to improve the space for residents and if they wished their families. The inspectors saw that storage and flooring in a number of residents bedrooms required review as outlined under Regulation 17; Premises.

The inspectors saw that staff engaged in a respectful manner, when residents presented with responsive behaviour during the inspection. The inspectors saw that the provider was working to reduce the number of bed rails in use in the centre with a significant reduction evident from the previous inspection.

The provider had a safeguarding vulnerable adults policy in place and staff were provided with training regarding safeguarding. Any allegations of abuse or incidents of abuse were investigated and managed by the person in charge. The provider had robust systems in place for the management of residents' finances.

Regular residents' meetings were held in the centre to seek residents' views on the running of the centre. Residents and their relatives were also surveyed to get feedback. Resident had access to advocacy services if required. The inspectors saw that there was a schedule of activities in place and in the afternoon, care staff engaged residents in the day room in a lively parachute and ball game session. The inspectors observed that there was little opportunity for social stimulation before lunch as detailed under Regulation 9; Residents' rights.

There was adequate resources available to ensure residents' bedrooms were cleaned every day and deep cleaned regularly. There had been one outbreak of a

viral infection since the previous inspection and local public health services had been informed as required.There was close monitoring of antibiotic usage for residents. The person in charge was the lead for infection prevention and control for the centre.

The provider had systems in place to monitor fire safety precautions and procedures within the centre. The inspectors saw records available, indicated that quarterly and annual testing of the fire alarm and emergency lighting was in place. Fire-fighting equipment was serviced annually. Staff were provided with training each year and regular simulations of evacuation of compartments were held in the centre. Daily, weekly and monthly checks of emergency exits, fire alarm and the centre's doors was in place and recorded. The inspectors saw that action was required to ensure the safety of residents who smoked in the external smoking area as there was no call bell or fire retardant aprons available should a fire occur. This is detailed under Regulation 28 Fire precautions.

Controlled drug medications were maintained in line with professional guidelines. There were good recording systems in place for medication administration. The inspectors found that medications that were required to be crushed were not consistently prescribed to be administered as crushed by the GP. These findings are outlined under Regulation 29; Medicines and pharmaceutical services.

## Regulation 17: Premises

The inspectors saw that flooring in a number of residents' bedrooms was worn and cracked and required review.

There was no hand wash basin in the laundry as required under Schedule 6 of the regulations.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents' nutrition and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu, based on their individual food preferences and dietetic requirements, such as, diabetic or modified diets. The modified diets were presented very well and they fully resembled a unmodified diet. The dining experience was seen to be enjoyable and both residents and relatives praised the food, the choice and variety available. The inspectors saw that the multi-purpose room at the end of the day room was configured as a dining room, so that residents who required assistance were provided with a calm environment and a sociable dining experience.

Judgment: Compliant

## Regulation 27: Infection control

The inspectors saw that there were adequate resources to ensure residents bedrooms were cleaned daily and deep cleaned regularly. There was a system in place to monitor residents with infections and residents who were colonised with MDROs. The inspectors saw that new industrial clothes washers and dryers had been purchased for the laundry. The centre had one outbreak of influenza in December 2025, that was reported and managed in line with public health guidance.

Judgment: Compliant

## Regulation 28: Fire precautions

Action was required to ensure residents' safety when smoking outside, as there was no call bell should a resident need to alert staff in the event of an emergency. There were no fire aprons available to provide protection for residents who smoked outside.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

There were a number of issues identified with medication management that required action

- Medications that required to be crushed for residents with swallowing difficulties were not all prescribed individually and nurses were administering these medications in a crushed format which could lead to errors.
- One residents medication prescription was not on the electronic prescription and administration system. A record of their medication was transcribed but not in line with the centre's policy on transcribing. The transcribed prescription did not contain a nurse or doctors signature and the original prescription was not available with the transcribed prescription. Inspectors saw that nurses had been administering medications from this transcription for five days which did not comply with the ten rights of medication administration and could have led to errors.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of five care plans and found that while some care plans were person-centred, three care plans did not have sufficient detail to direct care for staff. For example,

- An end of life care plan for a resident did not have sufficient detail to direct care.
- From a review of two care plans for residents who had wounds, it was evident that wound assessments were not being consistently completed to ensure that improvements or deterioration in the wound was monitored.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had good access to GPs from local GP practices, who were on site in the centre every week and specialist services such as tissue viability and community palliative care services. From a review of residents' records, it was evident that where required, residents were referred to allied health and social care services such as dietitian, speech and language therapists and physiotherapy services as required.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The inspectors saw that staff interacted with residents in a respectful manner and were knowledgeable regarding residents' needs. The use of restraint had reduced significantly since the previous inspection with the number of bedrails in use reduced from over 40 % to over 18 %. The provider assured the inspectors that they were working to reduce this number to ensure a low level of restraint was promoted in the centre.

Judgment: Compliant

## Regulation 8: Protection

Residents told the inspectors that they felt safe living in the centre. Records reviewed indicated that all staff had received training in the prevention, detection and response to abuse, according to the records seen. Staff spoken with were aware of what constituted abuse and how to make their concerns known to senior management. Where any allegations had been made, steps were taken to investigate these and appropriate action taken. The provider was a pension agent for three residents. The inspectors found that there were robust systems in place for managing residents' finances.

Judgment: Compliant

## Regulation 9: Residents' rights

Action was required to ensure residents' rights were upheld in the centre with regard to access to opportunities to participate with activities in accordance with their interests and capabilities as evidenced by the following;

During the morning of the inspection many of the residents were sitting in the centre's day room and there was little activation or social stimulation for residents other than the TV. This resulted in a lack of opportunities for residents to participate in activities in accordance with their interests and capacities.

Judgment: Substantially 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** | |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 21: Records | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| **Quality and safety** | |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 27: Infection control | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

# Compliance Plan for Glendonagh Residential Home OSV-0000229

## Inspection ID: MON-0049857

## Date of inspection: 08/04/2026

**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 16: Training and staff development | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br>All staff complete a comprehensive in-house induction programme on commencement of employment, alongside ongoing ad hoc and scheduled training provided within the centre. In-house training is delivered by experienced members of the clinical management team, with additional one-to-one support and supervision provided to any staff members requiring further guidance or development.<br>Training and certification are facilitated through a combination of accredited online learning and in-house practical training. A full review of training records within the kitchen, administration and office departments was completed and any outstanding certification identified is currently being addressed.<br>Glendonagh acknowledges that minor time lags can occasionally occur for newly commenced staff in accessing external training schedules. To mitigate this, Glendonagh places significant emphasis on robust in-house induction, supervision and tailored support to ensure staff are appropriately guided and competent in their roles pending completion of formal certification.<br>Of the two staff members identified as requiring updated fire safety and manual handling certification, one staff member is currently on certified sick leave, which has now been clearly reflected within the training matrix. The second staff member is a recent new start and had been scheduled to attend the next available external training session. In the interim, they had completed all mandatory in-house induction and training requirements relevant to their role. | |
| Regulation 17: Premises | Substantially Compliant |

| | |
|---|---|
| Outline how you are going to come into compliance with Regulation 17: Premises:<br>A review of flooring has been carried out throughout building. Replacement flooring has been scheduled, with works to be carried out in a phased manner to minimise disruption to residents' comfort and daily routines. In the interim, the areas continue to be monitored to ensure they remain safe, clean and suitable for use.<br>In relation to the laundry area, a dedicated hand wash basin has been installed in line with Schedule 6 requirements.<br>The provider remains committed to maintaining a safe, comfortable and well-maintained environment for all residents and will continue to monitor and review the premises on an ongoing basis. | |
| Regulation 28: Fire precautions | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br>As part of admission risk assessments are carried out for all smokers which are reflected in their care plans.<br><br>Fire retardant smoking aprons are now available for the safety of the residents when smoking outside. | |
| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:<br>All residents who require their medications to be crushed have been identified and a care plan is in place for each resident to reflect this.<br><br>All medications relevant to these residents have been reviewed jointly with the pharmacy to ensure a crushing method is applicable and safe for all prescribed medications.<br><br>A medication audit was completed before and since the inspection date. Learnings and outcomes have been shared with the nursing team. A medication administration folder has been developed for all nurses and the ADON went through this individually with each nurse. This includes the policy on the administration of medications which outlines the guidelines on transcribing. | |

With regard to the findings on the day of the inspection regarding the transcription of medication, this was investigated by the ADON and outcomes & learnings circulated and discussed with the nursing team for clarity going forward.

| | |
|---|---|
| Regulation 5: Individual assessment and care plan | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Following the inspection, the ADON completed a full review of residents' care plans to ensure that all identified needs are appropriately assessed, documented and reflected within individualised care plans. Specific care plans required to meet each resident's assessed needs were identified and updated accordingly.

Each nurse has designated responsibility for an allocated number of residents' care plans to support ongoing development, review and evaluation in line with residents' changing needs and best practice standards. All nursing staff completed HSELand training in care planning for older persons in advance of the inspection. In addition, the ADON has developed a bespoke in-house care planning training package tailored to the needs of the centre, which is currently being implemented by the designated internal nurse trainer.

As part of the centre's ongoing care plan development framework, family members will now be invited to participate in scheduled care plan review meetings alongside the allocated nurse to support greater collaboration and input into their loved one's care.

The ADON also developed a bespoke Wound Management Standard Operating Procedure (SOP) for all nursing and healthcare staff. This SOP has been circulated to all relevant staff members, with signed confirmation obtained to demonstrate understanding of and compliance with the procedure.

A specific wound care training programme for nurses and healthcare assistants has also been implemented and is being delivered by the designated internal nurse trainer. Training includes wound assessment, documentation, monitoring, escalation processes and the accurate completion and review of wound assessments on the Epic Care system.

Since the inspection, the wound management monitoring system has been reviewed and strengthened through the introduction of a more robust and contemporaneous recording process for wound assessment and management. This system is reviewed daily by the ADON to ensure appropriate oversight, monitoring and timely intervention where required.

In addition, a staff handbook has been developed and issued to staff containing guidance regarding skin integrity, wound prevention, wound management procedures and references to Glendonagh's wound management SOP and associated training supports.

| | |
|---|---|
| Regulation 9: Residents' rights | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
A comprehensive activities schedule is in place each day across both morning and afternoon periods to support residents' social engagement, choice, independence and overall wellbeing.
On the day of inspection, the mobile library service was visiting Glendonagh as part of their morning activity. Residents were individually supported and encouraged by staff to access the service independently where appropriate, with the library bus fully accessible for residents with mobility needs. The mobile library provides an excellent range of resources tailored to residents' differing interests and sensory needs, including large-print books, audiobooks, CDs, DVDs and other accessible materials.
In addition to scheduled group activities, residents are supported throughout the day to engage in smaller social groupings and smaller table settings. Resources including magazines, puzzles, lego, reminiscence materials, music and sensory activities are available to promote meaningful occupation and social interaction. Residents are regularly consulted regarding their preferences for music, television programmes, prayer/rosary, and other daily activities to ensure activities remain person-centred and reflective of individual choice.
While afternoon activities are typically more structured, energetic and group focused, Glendonagh places significant emphasis on promoting engagement, stimulation and meaningful interaction throughout the entire day. Since the inspection, further consultation has taken place directly with residents regarding activation and social stimulation. Feedback from residents was also discussed at the monthly residents' meeting to ensure activities continue to reflect residents' wishes and preferences, with many residents expressing a particular interest in musical activities.
Additional options have since been explored, including the Singing for the Brain programme and further in-house activities aimed at promoting mobility, movement and social engagement.
Glendonagh acknowledges the importance of continually reviewing and enhancing opportunities for meaningful engagement and remains committed to ongoing development in this area.

## 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 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Substantially Compliant | Yellow | 30/06/2026 |
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow | 31/12/2026 |
| Regulation 28(1)(a) | The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings. | Substantially Compliant | Yellow | 03/05/2026 |
| Regulation 29(5) | The person in charge shall | Substantially Compliant | Yellow | 31/05/2026 |

| | | | | |
|---|---|---|---|---|
| | ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product. | | | |
| Regulation 5(4) | The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family. | Substantially Compliant | Yellow | 31/05/2026 |
| Regulation 9(3)(e) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights. | Substantially Compliant | Yellow | 01/05/2026 |