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:	Grange Con Nursing Home
Name of provider:	Grange Con Quarters Limited
Address of centre:	Carrigrohane, Cork
Type of inspection:	Unannounced
Date of inspection:	23 June 2026
Centre ID:	OSV-0000233
Fieldwork ID:	MON-0047466

About the designated centre

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

Grange Con Nursing Home is a family run designated centre which is located in a rural setting situated a few kilometres from the urban area of Ballincollig, Co. Cork. It is registered to accommodate a maximum of 24 residents. Residents' accommodation is on the ground floor and administration and managers' offices are located on the first floor. Bedroom accommodation comprises single, twin and multi-occupancy rooms, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas comprise two day rooms, a dining room, conservatory and seating areas at the entrances. Residents have access to paved enclosed courtyards with garden furniture. Grange Con 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, and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23

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
Tuesday 23 June 2026	09:45hrs to 16:30hrs	Louise O'Hare	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of the Residents in Designated Centres for Older People) Regulations 2013 (as amended). Overall, this inspection found that residents living in Grange Con Nursing Home received a very good standard of care from a stable team of staff who knew them well.

The inspector greeted most residents and spoke with seven in more detail to gain an understanding of their experiences living in the centre. Some residents could not verbally communicate but appeared content and relaxed. Residents who spoke with the inspector gave uniformly positive feedback. One resident said " I couldn't fault it" and that "it couldn't be nicer". Other residents described staff as "great" and "very kind". The inspector also spoke with four visitors who all spoke positively about the care given in the centre. One visitor told the inspector they felt their loved one received more attention as it was a smaller centre, and another visitor spoke about the benefit of seeing staff they knew every day.

On arrival, the inspector was greeted by the assistant director of nursing (ADON) and accompanied on an initial walk through of the centre. The inspector observed that there was a calm, relaxed atmosphere. Five residents were having breakfast in the dining room, while others were relaxing in their bedrooms or one of the other communal rooms. On the day of inspection, the person in charge was on leave but attended shortly after the beginning of the inspection, as did the operations manager.

Grange Con Nursing Home is a two-storey designated centre located on an elevated site with beautiful views of the surrounding countryside. Externally the grounds were attractively planted and well maintained. The centre itself was bright, homely and visibly clean throughout. It was well decorated with artwork and antique pieces such as a large pendulum clock. At the entrance, there was a comfortable seating area and a display of photos of residents enjoying activities, including visits to the centre from a local vintage club and a local choir. Residential accommodation in the centre was located on the ground floor, and was comprised of 9 single rooms, 6 twin rooms and 1 three-bedded room. The majority of bedrooms had been personalised with artwork, photos and other meaningful items.

Residents had access to sufficient communal space including a dining room, two sitting rooms and a sun room. One sitting room had recently been completely upgraded with new flooring, paint and a new media unit. Residents had input into the decoration of the room and told the inspector that they were delighted with the end result, and that "they made a great job of it".

There were three outdoor areas available to residents, two internal courtyards and another secure external seating area close to the entrance of the centre. These

were well decorated and laid out with a range of appropriate garden furniture for residents to enjoy the fine weather. A smoking area was available for resident's use.

A varied schedule of activities was in place and on the day of inspection two external providers attended the centre to provide activities. In the morning, residents were seen to enjoy a lively and engaging exercise session. While in the afternoon, some residents participated in a gentle chair yoga session, while others relaxed or sat outside to enjoy the exceptionally fine weather. The centre had weekly visits from musicians and mass was held in person once a month.

From observing staff and residents throughout the day, it was clear that staff knew residents well and interactions were seen to be warm, friendly and respectful. Residents told the inspector that they did not have to wait long for assistance. Call-bells were seen to be answered promptly throughout the day. At mealtimes there were sufficient staff present to assist residents as required. Residents could eat in the dining room or their own rooms if they chose to do so. The daily menu was displayed in the dining room, and residents had a choice of three options for their main course. Residents who spoke with the inspector all praised the choice and quality of food served.

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

Capacity and capability

Overall, the findings of this inspection were that this was a well-managed centre which had a clearly defined management structure and systems in place to ensure the quality of care delivered was safe, appropriate and effectively monitored. Some action was required with regards to staff training, and this is detailed in the following section.

The registered provider of Grange Con Nursing Home is Grange Con Quarters Limited. The company has two directors, who are both actively involved in the day-to-day management of the centre. One company director is the operations manager, while the other director is the person in charge. The person in charge had been in post for eight years and had the knowledge, experience and qualifications required for the role. They were further supported in their role by an assistant director of nursing (ADON) and a team of staff nurses, healthcare assistants, housekeeping, maintenance and catering staff. The ADON deputised for the person in charge when they were absent.

The inspector saw that the provider continued to focus on maintaining and improving the service and facilities available to residents. Governance meetings took place monthly, and the inspector saw from a review of minutes that issues raised by

residents or external parties were discussed and actioned. The annual review of the quality and safety of care delivered in 2025 had been completed with evidence of input from residents. The review outlined service improvements such as additional training, and a 30% reduction in falls. A schedule of audits was in place on topics such as falls, medication management and dining, and a detailed quality improvement plan for 2026 had been developed, focusing on items such as ongoing upgrades to the premises. The inspector saw that some of these had already been implemented, such as the upgraded sitting room.

The inspector reviewed a sample of four staff files and found that they contained the information required by Schedule 2 of the regulations. An Garda Síochána (police) vetting was in place for staff before they started work in the centre. On the day of inspection, there was a sufficient skill-mix and number of staff on duty to meet the assessed needs of residents and in line with the centre's statement of purpose. Since the previous inspection, the provider had increased staffing levels in the afternoons in part to support delivery of activities. There was ongoing recruitment in progress to maintain staffing levels.

The inspector saw from a review of documentation and from speaking to staff, that there was an induction programme in place for all staff at the beginning of their employment. A range of mandatory and other appropriate training was available to staff, including on topics such as people moving and handling and infection prevention and control. The ADON had completed training to deliver in-house training on responsive behaviour and safeguarding to staff. Fire safety training was scheduled to take place the day following inspection to ensure staff remained current. However, not all staff had completed relevant training as detailed in Regulation 16: Training and staff development.

Regulation 14: Persons in charge

The person in charge had the experience and qualifications required by the regulations. Deputising arrangements were in place for when the person in charge was absent.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, there was a sufficient number of staff on duty to meet the needs of residents. There was a minimum of one registered nurse rostered on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

While staff were up-to-date with the majority of training, not all staff who worked in the kitchen had completed training appropriate to their role.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the centre which included the information specified in paragraph (3) of Schedule 3.

Judgment: Compliant

Regulation 21: Records

Records set out in Schedule 2, 3 and 4 of the regulations were made available for inspection. The inspector reviewed a sample of staff files and found they contained the information detailed in Schedule 2 of the regulations. A garda vetting disclosure was in place for staff before they started work in the centre. All nurses were registered with the National and Midwifery Board of Ireland (NMBI).

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre had sufficient resources to ensure the delivery of care in accordance with the statement of purpose. There was a clearly defined management structure, and systems were in place to ensure that the service provided was safe, appropriate and consistent. An annual review of the quality and safety of care delivered to residents in the centre in 2025 had been completed and included a detailed quality improvement plan for 2026.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures on the matters set out in Schedule 5 were made available for inspection. They were seen to be reviewed at intervals not exceeding 3 years and updated in line with best practice.

Judgment: Compliant

Quality and safety

This inspection found that residents were supported to have a good quality of life, and that their rights were respected and upheld in this centre.

Residents and visitors who spoke with the inspector reported they felt happy to raise issues with staff as needed. The ADON had undergone training to become the designated officer for safeguarding, and delivered in-house training to staff. An up-to-date policy was in place to guide staff in safeguarding residents, and staff who spoke with the inspector were aware of their responsibilities. Where residents had requested small sums of money be held in the centre, a log book was used to record deposits and withdrawals. The inspector checked a sample with the person in charge and was satisfied that the amount held matched the records checked.

Care planning records were stored and maintained using a new care plan management software introduced the previous year. Evidence-based assessment tools were used to assess risk factors such as skin integrity and risk of malnutrition, and this information was used to direct care. Care plans contained clear person-centred information for staff to support them in meeting residents' needs. Care plans were updated and developed in a timely manner.

There was evidence of good access to medical care through regular reviews by the general practitioner(GP), who was on site meeting with residents and family members on the day of inspection. Visitors and residents spoke highly of the access to GP services. It was evident that the person in charge supported residents to access other healthcare services as needed. A physiotherapist attended the centre once a week.

Residents were seen to be provided with drinks, snacks and meals at reasonable times. The day of inspection was exceptionally warm, and extra drinks and ice-creams were offered to residents. Systems were in place to communicate nutritional requirements and dietary preferences to staff working in the kitchen and staff who spoke with the inspector were aware of these. Residents were offered choice at mealtimes and meals were seen to be well presented.

Fire drills were conducted regularly in the centre and included evacuation simulations of the largest compartment at night-time staffing levels. Personal emergency evacuation plans were in place for residents. Oxygen storage was clearly signposted, and the provider was installing a new storage unit for this on the recommendation of local fire officers. Other recommendations, such as reviewing door locks to internal courtyards were also being implemented. Fire evacuation routes were displayed throughout the centre. Systems were in place to ensure residents who smoked were appropriately supervised, and a portable call bell was used when residents were in the smoking area. Appropriate fire fighting equipment was located throughout the centre, such as fire extinguishers. The fire folder was examined and records of daily and weekly safety checks were maintained. However, some action was required to ensure that ski sheets were adequately fitted as detailed under Regulation 28: Fire precautions.

Residents participated in the organisation of the designated centre through residents' meetings and surveys. From a review of resident meeting minutes, the inspector saw that there was open discussion with residents, and topics such as activities, premises and food were discussed. Requests for visits from therapy dogs, an increased selection of seasonal fruits and activities such as bingo were raised and the inspector saw that these had been actioned. Residents also complimented the new day room, and praised recent activities such as a visit from a petting farm. Residents were supported to have access to media such as radio, television and newspapers.

Regulation 10: Communication difficulties

Residents with additional communication needs were supported to communicate freely. Care plans detailed a person-centred approach to communication and gave staff clear guidance on communicating with residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were provided with meals, refreshments and snacks at reasonable times. Residents were offered a choice at mealtimes, and on the day of inspection had a choice of three main courses. There were sufficient staff available to assist residents as required. Systems were in place to communicate nutritional requirements and dietary preferences to catering staff.

Judgment: Compliant

Regulation 20: Information for residents

A resident's guide was available for residents; it contained the required information including a summary of the services and facilities available in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

While a number of good systems were in place, a sample of beds checked did not have ski sheets correctly fitted. This could cause delays during an evacuation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of three care plans were reviewed and overall, care plans were seen to be person-centred and sufficiently detailed to guide care. Documentation was maintained on care management software. Care plans had been prepared within 48 hours of admission and were reviewed every four months or where necessary.

Judgment: Compliant

Regulation 8: Protection

Reasonable measures had been taken to protect residents from abuse. A policy was in place to protect residents against abuse. Staff were up-to-date with training and those who spoke with the inspector were aware of their roles and responsibilities in reporting abuse. The ADON was the designated safeguarding officer. The inspector saw that there was a process in place for keeping petty cash and other items in the safe for residents. Records were maintained and signed appropriately. The provider was not a pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had provided facilities for recreation and opportunities for residents to participate in activities in accordance with their interests. Information on independent advocacy services was displayed in the centre. Residents were supported to exercise their religious rights and had access to a range of media. Residents told the inspector that they could exercise choice, and it was evident that their rights were respected.
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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Grange Con Nursing Home OSV-0000233

Inspection ID: MON-0047466

Date of inspection: 23/06/2026

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: A comprehensive review of the training records for all staff working in the kitchen has been completed to identify outstanding mandatory and role-specific training requirements. The staff members identified have now been booked to complete the required training relevant to their role. To ensure sustained compliance with Regulation 16, the following measures have been implemented: • The training matrix has been updated to include along with the mandatory training, role-specific training requirements for catering staff. • The Person in Charge will undertake monthly reviews of the training matrix to ensure all mandatory and role-specific training remains current and that refresher training is scheduled in advance of expiry.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Immediately following the inspection, all beds within the designated centre were checked to ensure evacuation (ski) sheets were correctly fitted and securely in place in accordance with the manufacturer's instructions and the centre's fire evacuation procedures. Any incorrectly fitted sheets were rectified without delay. To prevent recurrence, the following measures have been implemented: All nursing and healthcare staff have been reminded of the correct fitting and positioning of evacuation (ski) sheets during handover and safety briefings. Refresher training on the use of evacuation	

equipment, including ski sheets, will be incorporated into the centre's fire safety training programme. Weekly environmental and fire safety checks will now include verification that evacuation sheets are correctly fitted to all beds. Findings from these checks will be monitored by the Person in Charge through the centre's governance and quality assurance processes, with any deficiencies addressed immediately. These measures will ensure evacuation equipment is maintained in a state of readiness to support the safe and timely evacuation of residents in the event of an emergency.

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	23/08/2026
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	24/06/2026