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:	Kerlogue Nursing Home
Name of provider:	Candela Healthcare Limited
Address of centre:	Kerlogue, Wexford
Type of inspection:	Unannounced
Date of inspection:	06 August 2026
Centre ID:	OSV-0000240
Fieldwork ID:	MON-0050095

About the designated centre

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

Kerlogue Nursing Home is a purpose-built two-storey building that first opened in 2002. It can accommodate 89 residents and all bedrooms are ensuite consisting of 67 single and 11 twin bedrooms. The provider is a limited company called Candela Healthcare Ltd. The centre is situated on the outskirts of Wexford town. The centre offers nursing care for low, medium, high and maximum dependency residents by assessing the individual using the Barthel Index 2 assessment tool. The type of care and support that is provided is for both female and male adult residents including: younger acquired brain injury, palliative care, rehabilitation e.g. post-operative and post stroke. The centre has access to in-house physiotherapist. The centre also cares for residents with conditions associated with advancing age. Residents' medical care is directed by their own General Practitioner (GP) and the centre works closely with the Gerontology department in the day unit of Wexford General Hospital. The centre aims to provide a quality of life for residents that is appropriate, stimulating and meaningful.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	88

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 6 August 2026	09:35hrs to 17:45hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

Residents of Kerlogue Nursing Home reported high levels of satisfaction with the quality and safety of care. The inspector spoke with seven residents who described positive relationships with staff, good access to healthcare, and a comfortable environment. Residents referred to the centre as their home and valued being included in day-to-day life.

On arrival to this unannounced inspection, the inspector met the person in charge for a brief introductory meeting to outline the inspection's purpose and obtain an overview of the resident profile. A walk-through of the centre was then completed. During this, the inspector engaged with residents, visitors, and staff, and observed the care environment and daily routines to understand how residents were supported to live meaningful lives.

Throughout the morning, residents were observed in various areas of the centre. Some ate breakfast in their rooms while reading the newspaper, others rested according to their usual routines, and several spent time in communal spaces where staff checked in regularly and assisted residents with morning care.

Housekeeping staff were actively cleaning communal areas and corridors. Interactions between residents and staff were warm, familiar, and respectful, contributing to a calm atmosphere. The inspector spoke with eight residents, including recent admissions and long-term residents. Residents consistently praised staff for supporting their transition into the centre, learning their routines and preferences, and maintaining these after admission. They described staff as kind, attentive, and responsive, noting that assistance was readily available without unnecessary delay.

Residents were observed being assisted to stand and mobilise using appropriate equipment such as hoists and walking aids. The centre was clean and generally well-maintained internally and externally, including courtyards and grounds. Some exceptions were noted in certain en-suite bedrooms and ancillary rooms such as sluice rooms; these are detailed under Regulation 27: Infection control. Housekeeping practices were organised and respectful of residents' routines. Residents expressed satisfaction with their bedrooms, many of which were personalised with their own furnishings. They also reported that the laundry service was reliable, with clothes collected and returned daily.

Mealtimes were calm, well-organised, and centred on resident choice. Residents could dine in their rooms or in the communal dining room. Meals were freshly prepared, attractively presented, and praised for quality and variety. Staff demonstrated strong awareness of residents' nutritional needs and preferences. Assistance was provided discreetly to support dignity and independence. Dining rooms had a sociable atmosphere, and residents confirmed they were consistently

offered choice, including alternatives to the menu. Staffing levels were adequate, and staff were observed offering encouragement and assistance.

Five visitors spoke with the inspector and provided feedback consistent with residents' views. They described the centre as warm, welcoming and homely. One visitor said that they always felt welcomed by staff. With residents' consent, visitors were kept informed of changes in care needs. They praised the openness and responsiveness of staff, stating that this supported trust and enhanced their experience.

Residents' meetings and satisfaction surveys offered structured opportunities for residents to express views and influence the running of the centre. Records showed residents were kept informed about matters affecting them.

The following sections of this report will outline findings relating to governance and management in the centre and how these influence the quality and safety of the service provided.

Capacity and capability

The findings of this inspection were that Kerlogue Nursing Home was a well-run centre with established systems to monitor the quality of care and support provided to residents. It was evident that the centre's management and staff focused on providing a quality service to residents.

This inspection was a one day unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2013 to 2025 (as amended). Candela Healthcare Ltd. is the registered provider for Kerlogue Nursing Home. The company has two directors, one of whom is the Chief Executive Officer (CEO) and who is actively involved in the governance and operational oversight of the service. The parent group, Ethos Care operates a number of designated centres nationally and became registered provider to Kerlogue Nursing Home in 2025. This led to changes in the reporting structures within the centre's local management team; the person in charge now reports to a regional Quality Manger, and the general manager reports to the CEO.The person in charge and general manager worked in tandem to coordinate clinical care and operational support to residents, and held clear accountability for the provision of safe and effective care to residents. Throughout the inspection, the management team demonstrated knowledge of the service and the residents living in the centre. They were familiar with residents' individual needs, preferences and circumstances and were actively involved in the day-to-day oversight of care delivery and service operations.

Strong management systems were in place to oversee both the quality and safety of resident care and the overall performance of the service. The management team

monitored key clinical indicators by gathering and analysing information on areas such as weight loss, incidents and accidents, wound care, restrictive practices, and nutritional support every week. This data was reported to the Quality Manager and fed into a monthly report, and a subsequent quarterly report, used to identify patterns and guide quality improvement measures. Audits covered areas including the premises, fire safety, medication management and antimicrobial stewardship. Management reviewed audit findings to pinpoint areas for improvement and to strengthen continuous quality assurance processes. Systems were in place for the recording, review and management of incidents in the centre. Records reviewed by the inspector showed that incidents were documented and reviewed by management.

There was a full complement of staff including nursing and care staff, activity, housekeeping and catering staff. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge. A review of the staffing rosters found that there were adequate numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies and experience to fulfil their roles. Staff demonstrated a good understanding of important topics such as safeguarding and human rights. There were regular daily handovers where staff discussed presenting risks, the plans for the day and prioritised tasks.

Records were generally very well-maintained, organised and accessible to inspectors for review. This included staff files, the directory of residents, contract of insurance and policies and procedures relevant to the centre.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a timely application for the renewal of registration of the centre.

Judgment: Compliant

Regulation 15: Staffing

A sample of staff duty rotas were reviewed, and in conjunction with communication with staff, residents and visitors, the inspector found that the number and skill-mix of staff were sufficient to meet the needs of the residents, having regard to the size and layout of the centre.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents maintained in the centre. This was up-to-date with all relevant and required information, for example the dates on which the resident was first admitted to the centre, and contact details for the resident's next of kin.

Judgment: Compliant

Regulation 21: Records

A sample of staff files were reviewed and all contained the required information as set out in Schedule 2 of the regulations, including two references, a valid An Garda Síochána (police) vetting disclosure, and evidence of nurses' registration with the Nursing and Midwifery Board of Ireland (NMBI).

Other records, as set out in Schedules 3 and 4 of the regulations, for example evidence of servicing of fire fighting equipment and a directory of residents, were in place.

Judgment: Compliant

Regulation 22: Insurance

There was an up-to-date contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. There were deputising arrangements in place for key management roles. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose.

A comprehensive annual review of the quality and safety of care provided to residents in 2025 had been completed by the person in charge, with targeted action plans for improvement set out for 2026. The review also contained feedback and consultation with residents and their representatives

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place, which was submitted with the application to renew registration. Minor amendments were required to ensure that the statement of purpose fully reflected the services provided in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that the incidents set out under Schedule 4 of the regulations were submitted within the required time frames. For example, any serious incident or injury to a resident that requires hospital admission and any unexplained absence of a resident from the centre were notified within two days of occurrence.

Quarterly notifications, for example occasions when restrictive practices were used were also submitted in a timely fashion.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared, adopted and implemented policies and procedures on the matters set out in Schedule 5, including a policy on recruitment, selection and vetting of staff and a policy on admissions to the centre.

Judgment: Compliant

Quality and safety

Observations and discussions with residents, visitors and staff indicated that overall there was a human rights-based approach to care in Kerlogue Nursing Home. Residents told inspectors that they had access to a range of activities for social engagement. Staff and residents also confirmed that social outings were encouraged and facilitated. Aspects of the premises required review, to ensure a safe and appropriate environment was consistently maintained to protect the residents from the risk of infection.

A sample of residents' documentation was reviewed. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care. Comprehensive assessments were completed using validated tools and these were used to inform the care plans. There was evidence of ongoing discussion and consultation with the families in relation to care plans. Care plans were maintained under regular review and updated as required.

Since the previous inspection in September 2025, the provider had upgraded the décor in many areas. This included the replacement of existing carpets with new flooring in corridors and bedrooms which provided a much brighter environment and was also easier to clean and maintain. There was a progressive maintenance plan in place which addressed all areas of the centre. Generally, the centre was in a good state of repair, however some of the premises-related issues meant that appropriate infection prevention and control procedures could not be adhered to. This is described under Regulation 27: Infection control.

The food provided to residents was prepared on-site in a large kitchen, located directly next to the two main dining rooms on the ground floor. Fresh, nutritious meals were served directly from the kitchen in a warm and appetising way, making the dining experience enjoyable and comforting. Kitchen staff were updated regularly with any changes to residents' dietary or swallowing requirements. There were different menu options each day and records showed that residents were involved in discussion about the menu options during residents' meetings. Some residents remained in the smaller dining areas upstairs, or in their bedrooms, and they were afforded the same choice, quality and quantity of food as those who chose to dine in the main dining room. Heated and chilled trollies delivered the food to the first floor, ensuring appropriate food temperatures were maintained during travel.

Regulation 10: Communication difficulties

Each resident had a documented plan in place related to their specific communication requirements. These were detailed and person-centred with the aim of allowing residents to communicate freely insofar as possible.

Judgment: Compliant

Regulation 11: Visits

There was a visiting policy in place in the centre which contained all the information required under the regulations. The registered provider had made arrangements for residents to receive visitors and visits to residents were not restricted in the centre. There were suitable communal and private facilities available for residents to receive visitors.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that residents had access to and retained control over their personal property, possessions and finances. Residents were provided with sufficient space to store their clothes and confirmed that their clothes were laundered carefully and returned to them quickly.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There were adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

Regulation 20: Information for residents

There was an up-to-date residents' guide which contained all of the requirements of the regulation including the arrangements for visits and information regarding access to independent advocacy services.

The residents' guide was updated during the inspection to include a section on how to access inspection reports.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place which included hazard identification and assessment of risks throughout the centre and the measures and actions in place to control the risks. The policy also contained reference to the six specified risks outlined in the regulation, including the risk of aggression and violence, and the risk of infectious diseases.

Judgment: Compliant

Regulation 27: Infection control

The provider had not fully ensured that the maintenance of the premises was appropriate to protect residents from the risk of transmitting a healthcare-associated infection and to comply with the *National Standards for Infection Prevention and Control in Community Services* (2018) and other national guidance in relation to IPC.

- Equipment for use by residents was not always cleaned to an acceptable standard. For example, a build-up of dust was noted on several hoists which did not provide assurance that appropriate disinfection practices were carried out between each use of equipment.
- The storage racking in a first-floor sluice room was severely rusted and could not be properly cleaned or decontaminated.
- The tile grouting and the base of the toilets in a number of en-suites were deeply stained and required deep cleaning or replacement.
- The flooring in a communal toilet was deeply marked and scuffed and as such, could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the residents' changing needs.
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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant

Compliance Plan for Kerlogue Nursing Home OSV-0000240

Inspection ID: MON-0050095

Date of inspection: 06/08/2026

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 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Equipment Cleaning: Hoists were placed on a cleaning scheduled the day after our inspection: Completed 07/08/2026 Storage Rack: Removed from sluice on 07/08/2026 Tile Grouting: Replacement of grouting has commenced, and this will be ongoing throughout the home for 2026. 31/12/2026 Flooring: Scheduled to be replaced on 01/10/2026	

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 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/12/2026