



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:	22 September 2025
Centre ID:	OSV-0000240
Fieldwork ID:	MON-0047608

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
Monday 22 September 2025	09:30hrs to 17:30hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

Kerlogue Nursing Home is a two storey designated centre, registered to provide care for 89 residents, located close to Wexford town. There were 88 residents living in the centre on the day of the inspection.

As the inspector walked through the centre, residents were observed to be content as they went about their daily lives. Residents sat together in the communal rooms watching television, listening to music, or simply relaxing. Other residents were sitting quietly, observing their surroundings. Residents were relaxed and familiar with one another and their environment, and were socially engaged with each other and staff. A small number of residents were observed enjoying quiet time in their bedrooms. It was evident that residents' choices and preferences in their daily routines were respected. Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas due to the limitations of their medical condition were supported by staff throughout the day.

The inspector greeted and chatted with a number of residents and spoke in more detail with eight residents and six visitors to gain an insight into the lived experience in the centre. Residents spoke positively about their experience of living in the centre. Residents commented that they were very well cared for, comfortable and happy living there. Residents stated that staff were kind and always provided them with assistance when it was needed. One resident told the inspector "I could not ask for better" and another said, in reference to the staff, "they are like my family. We have a good laugh together". Staff who spoke with the inspector were knowledgeable about the residents and their needs. While staff were seen to be busy attending to residents throughout the day, the inspector observed that staff were kind, patient, and attentive to their needs.

There was a very pleasant atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff. A number of residents explained their reasons for moving to the centre and told the inspector that they were very happy with their decision. Residents said that they felt safe, and that they could speak with staff if they had any concerns or worries. There were a number of residents who were not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day. Visitors who spoke with the inspector were very happy with the care and support their loved ones received. One visitor said they were always warmly welcomed into the centre, and that staff were great to communicate any changes or updates in relation to their family member.

A range of recreational activities were available to residents which included exercise, movies, music and bingo. The centre employed activities staff who facilitated group

and one-to-one activities throughout the day. Residents told the inspector that they were free to choose whether or not they participated. On the morning of the inspection an exercise class was held in the main lounge, and residents were observed to enjoy taking part in this activity. While this was ongoing, there were one-to-one activities and chats with residents in their rooms. In the afternoon, a large group of residents played a game of Bingo downstairs. Residents from each of the units attended this activity and there was good-natured competition for the prizes on offer. Additionally, live music was performed in two separate sessions, ensuring as many residents as possible could attend.

The residents had access to adequate quantities of food and drink. Residents were offered a choice of wholesome and nutritious food at each meal, and snacks and refreshments were available throughout the day. Residents were supported during mealtimes. Residents who required help were provided with assistance in a respectful and dignified manner. Residents were complimentary about the catering staff and the quality of the food provided in the centre.

The centre provided a laundry service for residents. All residents' who the inspector spoke with on the day of inspection were happy with the laundry service provided and said that great care was taken with their personal belongings. The environment was generally very clean, however flooring in some areas, including residents' bedrooms required replacement as it was deeply marked and scuffed, and could not be effectively cleaned. Some further areas for improvements in respect of infection prevention and control were identified, specifically with regards to the management of equipment and environment in a way that minimised the risk of infection. This is further discussed under regulation 27: Infection control.

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

Capacity and capability

There were good overall governance systems in this centre, which is evidenced in the high levels of compliance found on this inspection. The registered provider ensured that the service was appropriate to the needs of the residents. Strong leadership and a well-established staff team focused on maintaining a safe and comfortable environment for residents, whilst also respecting their individual rights and preferences. Notwithstanding the many good practices observed, improved oversight in the area of infection prevention and control and care planning arrangements in respect to wound management required further review.

This was an unannounced inspection which took place over one day. The purpose of the inspection was to assess ongoing compliance with the regulations and standards. The centre has a history of good regulatory compliance and this inspection identified sustained levels of compliance with respect to the regulations

assessed. The centre is registered to provide accommodation for 89 residents, and there was 88 residents living in the centre on the day of inspection.

The registered provider of Kerlogue Nursing Home is Candela Healthcare Limited. In April 2025, the Office of the Chief inspector was notified of a change to the directors of the company. Two new company directors were appointed as part of the changes in ownership. Both company directors are also directors of several other designated centres nationally.

Throughout the inspection, the management team demonstrated very good insight regarding their roles and responsibilities, and described a well-organised model of service delivery, encompassing a high level of both clinical and social care. All staff demonstrated excellent knowledge of residents' individual needs. The general manager participates in the management of the centre with roles in leadership, supervision, auditing and administration in the centre. On a day-to-day basis, the person in charge and general manager are supported in the centre by an assistant director of nursing and two clinical nurse managers, who are supernumerary to the nursing complement. They provide supervision of practice over the weekend, and the person in charge is on call to support the service as required. The assistant director of nursing deputises for the person in charge in her absence.

Staff were well-supervised in their roles. The registered provider ensured that there were sufficient and safe staffing levels to meet the assessed needs of the residents and to support a full social and activity programme. There was a minimum of two registered nurses on duty at all times. Adequate healthcare assistants, activity and therapy staff, catering and domestic staff supported the daily operations in the centre. Oversight of administration, human resources, finances and record-keeping was maintained by clerical staff.

All staff had received up-to-date training in safeguarding vulnerable adults, moving and handling techniques and management of behaviours that challenge. Staff confirmed that they were encouraged to identify their own learning needs and additional courses were provided in response. Registered nurses undertook annual medication management training and additional training such as venepuncture. Staff spoken with said they enjoyed working in the centre and were highly complimentary of the management team and stated that they were well supported.

A review of the records of complaints found that there were regular updates documented with regard to the investigation of the complaint. Closed complaints were seen to have been investigated thoroughly and included the response to the complainant. The inspector spoke with staff who confirmed they were aware of the complaints procedure. Residents confirmed that any concerns or complaints they had would be dealt with and they were confident to highlight issues to staff members.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. She had the necessary experience and qualifications to fulfill the regulatory requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

From a review of staff rotas and from speaking with staff and residents, assurance was provided that the registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the assessed needs of the 88 residents living in the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. Important training such as fire safety and the management of behaviours that challenge was completed for staff. The inspector was assured that staff were appropriately supervised by senior staff in their respective roles and that there was appropriate on-call management support available at night and at weekends.

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. 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.

There were good communication systems in place, including structured staff meetings at regular intervals, and daily handovers and huddles to discuss pertinent issues as they arose. There were deputising arrangements in place for key management personnel.

A comprehensive annual review of the quality and safety of care provided to residents in 2024 had been completed by the person in charge, with targeted action

plans for improvement set out for 2025. The review also contained feedback and consultation with residents and their representatives.

Judgment: Compliant

Regulation 34: Complaints procedure

A clear complaints procedure was in place and this was displayed prominently in the centre. The record of complaints was reviewed by the inspector. These records identified that complaints were recorded and investigated in a timely way and that complainants were advised of the outcome of their complaint. A record of the complainant's satisfaction with how the complaint had been managed was also documented.

Judgment: Compliant

Quality and safety

Overall, residents received a high level of nursing care to meet their assessed needs. There was a commitment to delivering person-centred care with residents supported to maintain their independence. There was a coordinated approach by management and staff to ensure that the quality of life for residents remained the driving factor in the daily delivery of care and support. This led to good outcomes for residents, who had a positive experience living in the centre.

The residents living in Kerlogue Nursing Home were receiving a good standard of care and attention from a stable team of staff, many of whom had worked in the centre for a long period of time and knew the residents well. It was evident that staff worked hard to ensure that residents' needs were met. The inspector reviewed a sample of resident's records and saw that residents were appropriately assessed using a variety of validated tools. This was completed within 48 hours of admission. Knowledge of residents' needs was reflected in individualised care plans which were developed with the resident, or their nominated representative where required. Care plans were implemented and reviewed on a regular basis, reflecting residents' changing needs, however some improvements were required in respect of wound management as further detailed under the regulation.

There were systems in place to ensure that residents were reviewed by a General Practitioner (GP) regularly. During weekends and evening an out-of-hours service was appropriately utilised when residents required medical attention. A review of residents medical and nursing documentation including wound care charts, medical

referrals and admission documents identified that the systems to oversee residents' healthcare were strong.

There was a positive and proactive approach to reducing restrictive practices and promoting a restraint free environment in this service. Resources were made available for staff training on restrictive practice and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Individual assessments of residents that had a restrictive practice, for example a bed rail in place were always carried out with a multidisciplinary approach, including the resident's GP, nursing staff and the physiotherapist. Alternative measures were trialled prior to applying a restrictive device. Written consent was given by the resident, or where appropriate their family. Restrictive devices were reassessed at a minimum of every four months or sooner if indicated.

The registered provider was implementing procedures in line with best practice for infection control. All staff completed a variety of training modules including the use of personal protective equipment (PPE), and general infection control principles. Some staff had completed antimicrobial stewardship training and there was an identified infection control link practitioner nominated in the centre. The centre was cleaned to a high standard with sufficient facilities for hand hygiene observed in convenient locations throughout the building. Housekeeping staff were competent with the correct cleaning procedures to maintain a safe environment for residents and staff. Some improvements in relation to the management of the environment and equipment were required, to fully comply with Regulation 27; these are described under the regulation.

One-to-one activities and conversations were held with residents in their rooms, if they chose not to participate in larger group activities. Music therapy sessions were facilitated in small and large groups. Overall, there was a well-researched range of stimulating activities to promote the resident's general well-being. There was evidence of effective consultation with residents and their wishes and choices were captured during resident forum meetings and satisfaction surveys.

Regulation 27: Infection control

A small number of areas for improvement were identified by the inspector, which were not in line with national infection control guidance:

The management of equipment and clinical waste required review;

- a number of dressings in the treatment room had passed their expiry date. Open-but-unused portions of 'single-use only' wound dressings were observed in two treatment rooms. Once the package is opened it can no longer be considered sterile.

- clinical waste bins were in use in store rooms. Additionally, the external clinical waste holding facility was not locked, which is not in line with national guidelines

Dirty utility "sluice" rooms required review;

- one sluice room was being used to store items including vases, which is not appropriate and creates a pathway for potential spread of infection
- the cleaning solution used in the bedpan washer had passed its expiry date the bedpan washer itself was not effectively cleaned and had visible external staining

The environment was generally very clean, however flooring in some areas, including residents' bedrooms required replacement as it was deeply marked and scuffed, and could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of residents' assessments and care plans were reviewed by the inspector. This review provided evidence that overall, the system of care planning in the centre was person-centred and detailed to guide the daily care of the resident. However, one area for improvement was identified with respect to wound care assessment:

- There was no standardised approach to the clinical assessment of wounds and records showed that a documented assessment of the wound was not completed at every dressing change. This is an important component of wound care, to determine if wound healing is occurring.

Judgment: Substantially compliant

Regulation 6: Health care

The medical and nursing needs of residents were well met in the centre. There was evidence of good access to medical practitioners, through residents' own GP's and out-of-hours services when required. Systems were in place for residents to access the expertise of health and social care professionals through a system of referral, including speech and language therapists, dietitian services and tissue viability specialists. An in-house physiotherapy service provided group exercise and individual physiotherapy assessments.

There was a very low level of pressure ulcer formation within the centre, due to the appropriate delivery of evidence-based, preventative skin assessments and regular

monitoring for pressure-related skin damage. Residents who were admitted with pressure ulcers were appropriately referred to specialist wound care nurses for additional expertise.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a low level of restraint use in the centre, with only five of the 88 current residents using bedrails. A restraint register was maintained in the centre, in line with regulatory requirements, and there was evidence that restraints were checked frequently when in use. A small number of residents in the centre displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These residents each had a care plan which identified their individual requirements to manage these behaviours and to minimise them recurring.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were well respected. Residents were afforded choice in their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents council meeting minutes, satisfaction surveys, and from speaking with residents on the day.

Social assessments were completed for each resident and individual details regarding a residents' past occupation, hobbies and interests was completed to a high level of personal detail. This detail informed individual social and activity care plans. A schedule of diverse and interesting activities were available for residents. This schedule was delivered by dedicated activity staff throughout the week. The inspector reviewed the range of activities on offer to the residents and noted that these reflected residents' interests and capabilities.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 27: Infection control	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 9: Residents' rights	Compliant

Compliance Plan for Kerlogue Nursing Home OSV-0000240

Inspection ID: MON-0047608

Date of inspection: 22/09/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: 1. All dressings that are out of date or single use only (opened) have been removed and nursing staff have been informed that this practice is not permitted. 2. Clinical waste bins have been removed to the sluice area only and the main bin is locked. 3. Bed pan washer detergent has been replaced and bed pan washer cleaned. This will be monitored in our audits going forward. 4. All items which do not belong in the sluice room have been removed and this has been discussed with the staff in order to ensure that items are appropriately stored. This will be monitored by the management team and nursing staff on the workarounds.	
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: A staff nurses meeting has taken place to re-iterate the requirement to use the standardised wound assessment which is on the electronic care record at each dressing change. This is reviewed weekly by the Person in Charge in order to ensure adherence to same.	

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	04/12/2025
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	04/12/2025