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:	Mooncoin Residential Care Centre
Name of provider:	Mooncoin RCC Limited
Address of centre:	Polerone Road, Mooncoin, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	16 April 2026
Centre ID:	OSV-0000254
Fieldwork ID:	MON-0050412

About the designated centre

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

Mooncoin Residential Care Centre is a purpose-built two-storey premises, which provides residential care for 78 people on the ground floor. The centre can accommodate both male and female residents, for long-term and short-term stays. The centre caters for residents of all dependencies, low, medium, high and maximum, and 24 hour nursing care is provided.
In total there are 74 single and two twin bedrooms. All bedrooms have full en-suite facilities. Various communal areas are located around the centre which is surrounded by well maintained grounds including a secure garden area and courtyard.

According to their statement of purpose, Mooncoin Residential Care Centre aims to provide the highest quality of residential care in a happy and homely atmosphere in which each resident feels cared for, comfortable and content. They aim to provide a home away from home, with a highly professional care service, where staff promote individuality and encourage residents to enjoy the company of friends and companions.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	74

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 16 April 2026	08:30hrs to 17:00hrs	Mary Veale	Lead

What residents told us and what inspectors observed

The overall feedback from residents who spoke with the inspector was that they were very happy and liked living in Mooncoin Residential Care Centre. Residents were highly complementary of the centre, the staff, the quality of the care and activities provided. During the day, the inspector met with many of the 74 residents living in the centre and spoke to eight resident and two visitors in more detail. The inspector spent time observing daily life in the centre to gain an insight into the lived experience of residents in Mooncoin Residential Care Centre. Residents praised the staff and management team and one resident stated that "the staff are wonderful", with another resident saying that “the staff see me as a person and are so kind”.

Mooncoin Residential Care Centre is a two-storey designated centre registered to provide care for 78 residents in the village of Mooncoin in Co. Kilkenny. All residents' accommodation and communal areas are located on the ground floor, while the first floor accommodated the staff canteen and changing facilities, administration offices and a training room.

The design and layout of the premises met the individual and communal needs of the residents’. The building was well-lit, warm and adequately ventilated throughout. The centre was homely, tidy and clean. There were sufficient communal spaces for residents and their visitors to enjoy including, six sitting rooms, dining rooms, an activity room and a library. Residents had access to a hair salon and an indoor smoking room.

The outdoor courtyard areas were well-maintained and readily accessible, making it easy for residents to go outdoors independently or with support, if required.

The main entrance to the centre was staffed with a receptionist, who greeted and directed visitors and residents as they passed. The reception area had a sitting area, where a group of residents were observed chatting at various points during the day.

There was a calm and welcoming atmosphere in the centre. Residents were seen to be moving freely and unrestricted throughout the centre on the day of inspection. All interactions observed were person-centred and courteous. Staff were responsive and attentive, without any delays in attending to residents' requests and needs.

Bedroom accommodation is divided into three separately wings: Oak and Ash, Beech and Sycamore, and Elms and Hawthorn. Bedroom accommodation comprises of 74 single and two-twin bedrooms. All bedrooms had en-suite toilet and shower facilities. The privacy and dignity of the residents' accommodation in the two twin rooms was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings.

Residents were very complimentary of the home-cooked food and the dining experience in the centre. Residents' enjoyed homemade meals and stated that there was always a choice of meals, and that the quality of food was excellent. The daily menu was displayed on the tables in the dining rooms. There was a choice of two options available for the main meal. Jugs of water and cordial were available for residents. The inspector observed homemade soup and snacks offered to residents outside of meal times.

The centre provided a laundry service for residents. All residents' spoken with on the day of inspection were happy with the laundry service.

Residents' spoken with said that they were very happy with the activities programme in the centre, and some stated that they preferred their own company but were not bored as they had access to newspapers, books, radios, the internet and televisions. An activities programme was displayed throughout the centre. The inspector observed residents participating in a rosary recital in the morning and an exercise and quiz activity in the afternoon. Residents' views and opinions were sought through resident meetings and satisfaction surveys, and residents told the inspector that they could approach any member of staff if they had any issue or problem to be solved. Residents had access to advocacy services.

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 happy with the care and support their loved ones received.

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

Capacity and capability

The inspector found that, overall, the provider had effective governance and management arrangements in place, which ensured residents received a good quality of care and support from a staff team who knew them well. The provider had progressed a compliance plan submitted following an inspection in November 2025. On this inspection, the inspector found that areas of the premises, governance and management, and complaints did not fully align to the requirements of the regulations.

The registered provider had applied to renew the registration of Mooncoin Residential Care centre. The application was timely made, appropriate fees were paid and prescribed documentation was submitted to support the application to renew registration. The detasil of this application was reviewed on this inspection.

The registered provider of Mooncoin Residential Care Centre is Mooncoin RCC Limited. This company comprised of five directors, one of whom attended the centre on the day of inspection. The person in charge reported to the board of directors. There was a clearly defined management structure which identified lines of accountability and responsibility for the service. The person in charge worked full time, was responsible for the centre's day-to-day operations and reported to the Board. The person in charge was supported in their management of the centre by a assistant director of nursing, two clinical nurse managers, a team of staff nurses, senior healthcare assistants, healthcare assistants, activities, administration, catering, household and maintenance staff.

The staffing and skill mix on the day of inspection was appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support.

There was an ongoing schedule of training in the centre and the person in charge had good oversight of training. An extensive suite of mandatory training was available to all staff in the centre and training was up-to-date. There was a high level of staff attendance at training in areas such as safeguarding, fire safety, manual handling, and infection prevention and control. Staff with whom the inspector spoke, were knowledgeable regarding safeguarding procedures.

The inspector viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. Governance meetings took place monthly and staff meetings took place quarterly in the centre. Key performance indicators (KPI's) such as weights, wounds and infections were monitored on a monthly basis. An annual review for 2025 was available during the inspection. It set out the improvements completed in 2025 and improvement plans for 2026. Since the previous inspection, falls, care planning, night-time observation, and infection prevention control audits had been completed. Notwithstanding the good practices identified in the oversight of systems, not all audits had an associated action plan developed to drive quality improvement. This is discussed further under Regulation 23: Governance and Management.

Incidents and reports, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within, the required timeframes. The inspector followed up on incidents that were notified since November 2025 and found these were managed in accordance with the centre's policies.

The management team had a good understanding of their responsibility in respect of managing complaints. There was no complaints recorded since the previous inspection. Residents spoken with were aware of how to make a complaint and whom to make a complaint to. However, the complaints procedure was not fully accessible to the residents. This is discussed under Regulation 34: complaints procedure.

Registration Regulation 4: Application for registration or renewal of registration

All documents requested for the renewal of the centre's registration were submitted in a timely manner.

Judgment: Compliant

Regulation 15: Staffing

On the inspection day, staffing levels were found to be sufficient to meet the needs of the residents. There was a minimum of three registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, managing behaviours that are challenging, and infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported by a nurse management team.

Judgment: Compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in place did not fully ensure that the service provided was effectively monitored. For example;

- While an ongoing continuous cycle of audits was conducted to monitor the quality of care delivered, the actions identified from some audits were not specific enough to drive quality improvement on a system wide level. A sample of observations of care audits viewed, recorded repeated negative findings and there was no corrective action plan developed.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and reports, as set out in Schedule 4 of the regulations, were notified to the office of the Chief Inspector, within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider was required to provide an accessible procedure for dealing with complaints. The inspector observed that the complaints procedure was displayed at a high height in an enclosed display notice board in the reception area which was difficult to read due to the distance of the text.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents received good quality care. Staff and resident interactions were kind and respectful, and staff had a clear understanding of residents' needs. Residents and visitors were complimentary about the centre and the care from the staff. However, the inspector found that the premises did not align fully with the requirements of the regulations.

The inspector reviewed a sample of residents' care plans and good practices were noted in relation to individual assessment and care planning. Care plans were developed following an assessment of the residents' needs using a wide range of validated assessment tools to identify risks such as falls, pressure ulceration, and malnutrition. Care plans were person-centred and were reviewed at minimum

intervals of four months. It was clear from the documentation that residents and families were consulted.

Assurances were received that all staff had An Garda Síochána (police) vetting disclosures on file. Staff had completed safeguarding training. Staff spoken with were clear about their role in protecting residents from abuse and demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. All interactions between staff and residents were observed to be respectful throughout the inspection. Residents reported that they felt safe living in the centre. The provider was acting as a pension agent for one resident living in the centre. The pension was paid into a separate residents' client account to ensure residents' finances were safeguarded. The provider audited the balances of the account on a regular basis in line with the centre's policies. The provider held quantities of monies in safe keeping for a number residents. There was a transparent system in place where all lodgements and withdrawals of residents' personal monies were documented and signed by two staff. The provider audited the balances on a regular basis, in line with the centre's policies.

Mealtimes were facilitated in the dining rooms. Some residents preferred to eat their meals in their bedrooms, and residents said that their preferences were facilitated. The inspector observed that residents were provided with adequate quantities of food and drink. Residents were offered choice at mealtimes and those spoken with confirmed that they enjoyed the meals provided. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met.

On the day of inspection, the centre was warm and comfortable. Residents had adequate space to participate in activities and bedrooms were nicely decorated and had sufficient storage for residents' personal items. Residents had access to call bells in bedrooms, bathrooms and communal rooms. Handrails on both sides of the corridor and in bathrooms supported residents to mobilise safely. Residents could access a secure courtyard from each of the units. The courtyards were paved and had seating. However, some areas of wear and tear were noted in the centre, this is discussed further under Regulation 17: Premises.

The inspector identified examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment and safe handling and disposal of laundry and waste. Hand sanitiser dispensers were available at the point of care, thus facilitating hand hygiene at the point of care to reduce the risk of cross contamination. Bedrooms and communal rooms were observed to be clean. Household staff were knowledgeable about their role in following infection control procedures. A cleaning schedule for daily and deep cleaning was in place, with all rooms cleaned daily and deep cleaned frequently. A shortage of suitable hand washing facilities was identified on the previous inspection, assurance was received that the provider had

a plan to install clinical hand-wash sinks in the sluice rooms and a treatment room to comply with HBN-10 specifications.

Residents were provided with recreational opportunities, including games, music, exercise, bingo, and art. Arrangements were in place for consulting with residents in relation to the day-to-day operation of the centre. Resident feedback was sought in areas such as activities, meals, and mealtimes. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre. Residents had access to local and national newspapers, the Internet, televisions, and radios. Mass took place in the centre monthly.

Regulation 17: Premises

While the premises were designed and generally laid out to meet the number and needs of residents in the centre, some areas were not fully compliant with Schedule 6 requirements. For example;

- Aspects of the premises were not sufficiently maintained internally and some areas of the centre were found to be in a poor state of repair. For example, some doors were observed to be scuffed, paint on walls was chipped, and wooden skirting and handrails were damaged.
- Some flooring and wood finishes were worn and poorly maintained and as such, did not facilitate effective cleaning.
- The door from the corridor into the small dining room required appeared to be poorly fitted and was getting caught on the flooring which had caused the flooring to be damaged.
- The ceiling surface in the en-suite of bedroom 10 showed signs of water leakage damage.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard. Some residents required special diets or modified consistency diets and these needs were provided as recommended. The daily menu was displayed and choice was available at every meal.

Judgment: Compliant

Regulation 27: Infection control

The centre was very clean and there was adequate cleaning staff employed. Staff were observed to be adhering to good hand hygiene techniques. Sluice rooms were clean and well maintained. There were cleaning staff on duty daily. Cleaning staff were knowledgeable about cleaning practices, processes and chemical use.

Judgment: 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 resident's changing needs.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up-to-date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mooncoin Residential Care Centre OSV-0000254

Inspection ID: MON-0050412

Date of inspection: 16/04/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Action plans with SMART goals are in place for all audits and are a part of the audit templates for future use	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaints policy is displayed beside the post box at reception at eye level.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Painting is scheduled for areas needing it throughout the year. 2. Flooring to be replaced and repaired is scheduled on our risk register and has been made safe. 3. The dining room door is fixed 4. The ceiling in room 10 – the leak has been repaired	

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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 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 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/05/2026
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall	Substantially Compliant	Yellow	31/05/2026

	display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.			