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:	Rochestown Nursing Home
Name of provider:	Brenda O'Brien
Address of centre:	Monastery Road, Rochestown, Cork
Type of inspection:	Unannounced
Date of inspection:	02 September 2026
Centre ID:	OSV-0000275
Fieldwork ID:	MON-0051410

About the designated centre

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

Rochestown Nursing Home is a residential centre registered to provide care to 23 dependent people over the age of 18. The premises is a single-storey detached building. The communal areas include a dining room, two lounges, and an enclosed external patio area. There are three single bedrooms, seven twin bedrooms and two three-bedded rooms. Two shared rooms have en-suite facilities. There is one assisted bathroom and three assisted showers. The centre is situated approximately three kilometres from Rochestown, Co. Cork in a rural setting, providing views of the surrounding countryside. It provides long-term, short-term, convalescent and respite care. Residents with various levels of needs and dependencies are admitted to the centre including residents with dementia and acquired brain injuries. The centre provides 24-hour nursing care with nursing and care staff on duty at all times. Residents' healthcare needs are met through good access to medical and allied health professionals.

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
Wednesday 2 September 2026	09:05hrs to 16:45hrs	Louise O'Hare	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), with a specific focus on adult safeguarding. Findings of this inspection were that residents received a good standard of care from a team of staff who knew them well and knew their individual preferences. The inspector greeted the majority of residents and spoke to eight in more detail about their experiences. Residents described the centre as a good place to live and spoke positively about staff saying they were "very kind" and "couldn't do more for us". The inspector also spoke with two visitors who praised the care and communication from staff.

Rochestown Nursing Home is located in a peaceful rural area, a short distance from Rochestown village and close to Cork City. It is a single-storey premises which is registered to accommodate 23 residents and was fully occupied on the day of inspection. The centre is on an elevated site, with well-maintained mature gardens to the front of the centre. A secure outdoor area to the rear of the centre was well-decorated and laid out for residents' use with seating, parasols and a sheltered area for residents to sit out on inclement days. An external storage shed, which stored resident's equipment that was not currently in use, had been upgraded since the previous inspection.

On arrival to the centre, the inspector was greeted by the person in charge and the registered provider. The inspector completed an initial walk around and saw some residents were relaxing in the sitting room or eating breakfast in the dining room, while the remainder were in their bedrooms. The centre was seen to be clean and homely throughout. In the reception area a large noticeboard gave details of scheduled activities for the week including bingo, music and the "happiness programme". A second board displayed photographs of outdoor scenes as part of a recent "Connected with nature" themed week that had taken place in the centre. Information on advocacy services and the names of staff on duty that day were also displayed.

The atmosphere in the centre was warm, welcoming and relaxed. Resident and staff interactions were kind, friendly and respectful and it was clear that staff knew residents well. Residents told the inspector that they felt safe living in the centre and felt comfortable speaking to staff.

Residents had access to a range of communal areas including a dining room, two day rooms and a quiet room. The rooms were nicely decorated and new furniture had been purchased earlier in the year for one room. Bedroom accommodation was comprised of three single rooms, seven twin rooms and two three-bedded rooms. Two bedrooms had ensuite facilities and there were three shared bathrooms available for residents. Each bedroom was equipped with a call-bell, wash hand

basin, television and storage. Some residents had chosen to personalise their bedrooms with photographs and other meaningful items.

On the day of inspection, activities primarily took place in one of the day rooms. Staff were allocated to activities seven days a week, and activities were also provided by external providers. Two musicians attended the centre in the morning and the inspector observed residents enjoying a singalong with them. Following this, mass was held in the sitting room with further live music. In the afternoon, residents were observed partaking in a quiz with lots of chat and laughter. This was facilitated by a healthcare assistant who engaged well with residents.

The inspector observed the dining experience and saw that residents were served meals in two sittings. The time of these sittings had been discussed with residents and changed since the previous inspection. The majority of residents attended the dining room with a small number eating in their bedrooms in line with their preference. Mealtimes were observed to be relaxed and sociable, and enough staff were present to assist those who required assistance in an unhurried manner.

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 impacted the quality and safety of the service being delivered.

Capacity and capability

This unannounced inspection focused on adult safeguarding and the systems in place to ensure the residents in this service were safeguarded from all forms of abuse. The inspector also followed up on the compliance plan from the previous inspection, and on statutory notifications and other information received. Overall, the findings of this inspection were that there was sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, and management and staff focused on supporting residents to have a good quality of life. However, some further actions were required in regards to governance as detailed below.

The registered provider of Rochestown Nursing Home is the owner of the centre who operates as a sole trader. They work in the centre and were present on the day of inspection. There was a clearly defined management structure in place with identified lines of authority and accountability. The person in charge had the experience and qualifications required by the regulations, and additionally had recently completed a postgraduate diploma in gerontological nursing. They had a good knowledge of their responsibilities in regards to the regulations. They were supported in their role by a clinical nurse manager who deputised for the person in charge in their absence, as well as a team of nurses, healthcare assistants, housekeeping, catering and maintenance staff.

A schedule of audits was in place for topics including infection prevention and control, wound care and care plans. Audits were reviewed and where issues were identified a corrective action plan was put in place. Minutes of two management meetings from 2026 were seen, which were conducted to discuss specific issues such a handover to the person in charge. Communication systems were in place for staff working in the centre. Staff meeting minutes were reviewed and indicated that topics impacting the quality and safety of care delivered to residents, such as audit results, were discussed with staff. Communication diaries were also used, and staff reported that they could raise issues with management as needed. However, there were no minutes of governance meetings for 2026 available for review, this is discussed further under Regulation 23: Governance and management.

On the day of inspection there were sufficient staff to meet the assessed needs of residents. Call bells were responded to promptly, and communal areas were supervised appropriately throughout the day. Audits of call bell response times were completed regularly and residents who spoke with the inspector said staff responded to requests for assistance quickly. All nurses rostered in the centre were registered with their professional body. Arrangements were in place for staff to have An Garda Síochána (police) vetting in place before starting employment. The inspector reviewed a sample of three staff files in further detail and saw that they generally contained the information required by Schedule 2 of the regulations. However, two staff files had a gap in employment that was not accounted for. This is detailed under Regulation 23: Governance and management.

Training was largely up-to-date in the centre. A number of staff required training in fire safety and the inspector saw evidence that this was scheduled to take place the day following the inspection. Staff who spoke with the inspector were able to speak about what is meant by safeguarding and were aware of who to report issues to should they have any concerns. Systems were in place to ensure effective supervision. An induction process was in place and healthcare assistants completing work experience placements were assigned to work with a senior staff member.

Regulation 15: Staffing

On the day of inspection, there was a sufficient number and skill-mix of staff present to meet the assessed needs of residents in line with the centre's statement of purpose. Requests for assistance were seen to be answered promptly. A minimum of one registered nurse was on duty at all times. All rostered nurses in the centre were registered with the appropriate professional body.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Overall, training was up-to-date, a number of staff were due to have fire training and this was completed the day after inspection. Staff that the inspector spoke with were knowledgeable about their roles and responsibilities in the centre. Systems were in place to ensure that staff were appropriate supervised.

Judgment: Compliant

Regulation 23: Governance and management

While there were management systems in place, some action was required to ensure that the service provided was consistently and effectively monitored, as evidenced by:

- A review of staff records identified some gaps in documentation, as two staff members did not have a recorded history of gaps in their employment. One file was rectified by the end of the inspection.
- There were no minutes of ongoing quality improvement or governance meetings available since 2025, therefore the inspector could not be assured that there was consistent oversight of the service.

Judgment: Substantially compliant

Quality and safety

Overall, this inspection found that there were reasonable measures taken to protect residents from abuse, and residents' rights were respected. However, some action was required with regards to premises and risk management.

The inspector reviewed a sample of three care plans and saw that they were updated at intervals not exceeding 4 months or sooner as needed. A range of evidence-based assessment tools were used to assess skin integrity, falls risk and risk of malnutrition, and there were used to inform care. Care plans were seen to be person-centred and sufficiently detailed to direct care. There was evidence of discussion with the resident concerned, or where appropriate their family. Since the previous inspection, the person in charge had implemented life story care plans for each resident to enhance person-centred care. Care plans were stored securely on a software system.

The inspector reviewed incident and complaints records and saw that safeguarding incidents were identified and notified to the office of the Chief Inspector in a timely

manner. The person in charge investigated reported incidents and systems were in place to communicate relevant information to staff. Where appropriate, referrals were made to independent advocacy services in a timely manner and residents were supported to engage with them. While one resident did not have a sufficiently detailed safeguarding care plan in place, this was immediately actioned by the person in charge.

Residents told the inspector that they felt safe living in the centre and raising issues with staff. The provider had a centre-specific safeguarding policy in place to guide staff, and staff attended safeguarding training. The registered provider was a pension agent for two residents and the inspector saw that there were appropriate systems in place to support this. Systems were in place to manage residents' accounts and residents were invoiced monthly for all services. All residents had access to lockable storage in their bedroom for items of value.

Residents who experienced periods of responsive behaviour had clear, detailed guidance outlined in their care plans. Staff received relevant training, and those who spoke with the inspector were able to describe triggers and strategies for supporting individual residents. Relevant risk assessments were in place for these residents and those who used restrictive practice.

The premises was seen to be laid out to meet the needs of residents and well-maintained internally and externally for resident's use. However, some action was required to ensure they met the requirements of the regulations, as detailed under Regulation 17: Premises.

Residents' meetings took place regularly and were led by the head of the resident's committee who also took minutes of the meeting. Meeting minutes were then given to the person in charge, and the inspector saw that they were actioned. Mass took place weekly in the centre, and resident's preferences with regards to religion were recorded in their care plans. Residents told the inspector that they could choose how to spend their time and that this was respected.

Regulation 10: Communication difficulties

Communication care plans were in place for each resident. Care plans seen were person centred and where appropriate made reference to both verbal and non-verbal communication strategies. An up-to-date communication policy was in place to guide staff.

Judgment: Compliant

Regulation 17: Premises

While the centre was seen to be well-maintained, some action was required to ensure it conformed to the matters set out in Schedule 6, as one refurbished bathroom and one refurbished toilet did not have grab rails in toilet areas as required by the regulations.

Judgment: Substantially compliant

Regulation 26: Risk management

While there was a risk management policy and major incident plan in place, the policy did not include arrangements for the identification, recording and investigation of serious incidents, or the measures and actions to control the risk of infectious diseases as required by the regulations.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

From a sample of care plans reviewed, the inspector saw that care plans were reviewed at intervals not exceeding four months or as needed. Care plans were person-centred and were developed in consultation with the resident or when appropriate their family. A comprehensive assessment was completed for each resident and used to inform care planning.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Policies on restrictive practice and responsive behaviour were available to staff to support them in providing care. Residents who experienced periods of responsive behaviour had clear, detailed guidance outlined in their care plans. Staff received relevant training, and those who spoke with the inspector were able to describe triggers and strategies for supporting individual residents. Relevant risk assessments were in place for these residents and those who used restrictive practice. Where restrictive practice was in use, it was in line with national policy.

Judgment: Compliant

Regulation 8: Protection

The provider had taken reasonable measures to protect residents from abuse. Safeguarding incidents were investigated by the person in charge and notified appropriately to the Chief Inspector. Staff training was largely up to date and staff were aware of their roles and responsibilities. The provider was a pension agent for two residents and there were systems in place to support this.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to a diverse range of activities in line with their interests and capacities. Residents told the inspector they could choose how they spent their day. The provider had ensured that residents were facilitated to communicate freely and have access to television, newspapers, internet and other media. Resident meetings were led by the resident's committee chairperson and issues raised were actioned by the person in charge. Information on independent advocacy services was displayed prominently 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rochestown Nursing Home OSV-0000275

Inspection ID: MON-0051410

Date of inspection: 02/09/2026

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: PIC will conduct a thorough review of all staff files to identify any other gaps in employment history. PIC will ensure that all gaps are documented with explanations provided by the staff members. The Registered Provider will ensure that management systems are in place to ensure that the service provided is safe, appropriate consistent and effectively monitored. Quality improvement meeting commenced and documented.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Grab rails are replaced in the ensuite room 7 & the refurbished toilet.	

Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Risk management policy is updated and includes the measure and actions in place to control infectious diseases. Risk management policy is updated and includes arrangement for identification, recording and investigation of serious incidents or adverse events involving residents.	

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	15/09/2026
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	22/09/2026
Regulation 26(1)(c)(vi)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to	Substantially Compliant	Yellow	14/09/2026

	control infectious diseases.			
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording and investigation of serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	14/09/2026