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:	Áras Ui Dhomhnaill Nursing Home
Name of provider:	Sheephaven Investments Limited
Address of centre:	Loughnakey, Milford, Donegal
Type of inspection:	Unannounced
Date of inspection:	19 March 2026
Centre ID:	OSV-0000313
Fieldwork ID:	MON-0047193

About the designated centre

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

The centre is a modern, purpose-built, one-storey residential care facility that provides a comfortable and spacious environment for residents. Bedroom accommodation for residents is provided in 44 single rooms and two twin rooms. All rooms have en suite facilities, such as a shower, wash hand basin and toilet, which promotes privacy and prevention of infection. The philosophy of care is to provide high-quality care to the 48 residents who need long-term, respite, convalescent or end-of-life care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46

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 19 March 2026	09:00hrs to 16:00hrs	Celine Neary	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in this centre were well cared for and supported to live a good quality of life, by a dedicated team of staff who knew them well. Residents were highly complimentary of the direct care received and stated the staff were kind and attentive to their needs. The inspector observed many examples of positive interactions between staff and residents during the day of inspection. For example, staff were seen sitting and chatting with residents, discussing local news and events and various occurrences that had taken place within the centre and its locality. The person in charge facilitated this inspection and was observed to have a visible presence in the centre, providing effective leadership to all staff.

Throughout the morning of the inspection, there was a busy but calm atmosphere in the centre. The inspector observed that many residents were up and dressed, participating in their individual routines of daily living. Staff were observed attending to some residents' requests for assistance in an unrushed, kind and patient manner. It was clear that staff were familiar with residents' care needs and that residents felt safe and secure in their presence. Staff regularly checked in with and offered assistance and support to residents sitting in their communal areas.

Call-bells were answered in a timely manner, and residents displaying signs 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) were responded to in a kind, compassionate and supportive manner. Residents told the inspector that, "I am happy here", "they are good to me" and "I feel safe here".

The premises were designed and laid out to meet the needs of the residents and were pleasantly decorated. It was exceptionally clean throughout and had sufficient private and communal space for residents to relax in. Residents were observed sitting in a light and spacious foyer area, sitting rooms and mobilising freely around their home. It had spacious corridors with hand rails on either side, which facilitated residents to mobilise independently. The centres premises were maintained to a high standard, and there was a well maintained and secure garden area. The inspector tried to enter the garden area, but an alarm was activated, and a member of staff had to disarm it. They advised the inspector that this was locked for safety reasons and that if a resident wanted to go into the garden, they would need to seek assistance from staff.

Residents' private spaces were found to be well-maintained. They were observed to have items of personal significance on display, such as photographs, soft furnishings and ornaments, which gave the room a homely atmosphere. Residents said they

were happy with the size, layout and décor of their bedroom accommodation. They assured the inspector that their bedroom was cleaned each day.

The inspector observed the lunchtime experience and found that the meals provided appeared appetising. Residents were complimentary about the food served and confirmed that they were always afforded choice. The menu was displayed and the tables were laid out with cutlery and condiments for the residents to access easily. The inspector observed adequate numbers of staff offering encouragement and assistance to residents.

The inspector observed that residents were supported to enjoy a good quality life in the centre with a varied and interesting schedule of activities taking place each day. Activity staff were on site to organize and encourage resident participation in activities and events. The inspector observed residents participating in arts and crafts, while others were facilitated to relax quietly in the sitting room or their bedrooms, as they preferred. Residents had access to television, radio, newspapers, and telephones to ensure they were informed regarding current affairs and connected to their community. Residents and staff told the inspector that they had gone on day trips from the centre to Falcarragh, The Pier and a local hotel.

Staff were knowledgeable in their roles and responsibilities and could tell the inspector what they would do if they had a safeguarding concern for a resident and what they would do in the event of a fire emergency. The catering and care staff were aware of residents' specific dietary requirements and had safe systems in place to guide them. Housekeeping staff were knowledgeable in their roles and responsibilities and could explain to the inspector what additional cleaning procedures they would perform in the event of an infection outbreak in the centre.

The next two sections of the 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

Overall, this inspection found that there was an effective governance and management structure and that residents received a good standard of care. This was an unannounced inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The registered provider of this centre is Sheephaven Investments Limited. There was a clear organisational structure with clearly identified lines of authority and accountability. This is a family-run centre.

The registered provider representative was present in the centre regularly, and the person in charge was experienced in their role, and had worked in this centre for several years. They were supported in their role by an assistant director of nursing, who deputised for the person in charge in their absence. An on-call system for senior management was in place for the weekends, in the event of an emergency or additional support.

There were management systems in place to monitor and review the quality of the service provided for residents. Clinical and environmental audits were completed, which included reviews of care planning, falls management, and infection control. Where areas for improvement were identified, action plans were developed and completed. An annual review, which included residents' feedback for 2025, had been completed.

From an examination of the staff duty rota, the statement of purpose and communication with residents and staff, it was found that the numbers and skill-mix of staff at the time of inspection, were sufficient to meet the needs of residents. There was a full complement of staff in place including nursing and care staff, activity, housekeeping, administration, maintenance and catering staff. Staff knowledge of residents and their individual care needs created a positive and safe environment for residents. The recruitment of staff was well managed, and there was evidence of forward planning to maintain adequate and safe staffing when required.

A review of staff training records evidenced that the majority of staff had completed relevant training to support the provision of safe care to residents. However, several staff were not up-to-date with yearly fire safety training.

All staff were appropriately supervised in their roles and responsibilities, which had a positive impact on the quality and safety of care delivered.

There were contracts for the provision of services in place for residents, which detailed the terms on which they resided in the centre.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre prior to the inspection visit. In addition to the application to renew the registration, the provider also submitted all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number and skill-mix of staff were appropriate to meet the needs of all residents, in accordance with the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed training records, which indicated that staff were not up-to-date with their mandatory annual fire safety training. Five nurses were not up-to-date with their cardiopulmonary resuscitation training.

Judgment: Substantially compliant

Regulation 21: Records

The records required to be maintained in each centre under Schedule 2, 3 and 4 of the regulations, were made available to the inspector.

A review of files relating to staff were examined. These showed that the legislative requirements were in place in the sample reviewed, including vetting, references and confirmation of registration for nursing professionals.

Judgment: Compliant

Regulation 23: Governance and management

The management structure and the systems in place were sufficient to ensure that the service was safe, appropriate and effectively monitored. There were sufficient staff resources in place on the day of the inspection, and the centre had a clearly defined management structure in place with appropriate lines of authority.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of residents' contracts of care were reviewed. Each contract reviewed included the terms on which the resident was residing in the centre, including a record of the room number and occupancy of the bedroom in which the resident would be accommodated. Contracts detailed the services to be provided and the breakdown of fees for such services. Contracts were signed by the resident and/or representatives, where appropriate.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints record and found that complaints were appropriately managed and met the requirements of the regulations.

Judgment: Compliant

Quality and safety

Residents living in this centre experienced a good quality of life and received timely support from a caring staff team. Residents' health and social care needs were well met, through well-established access to health care services and a planned programme of social activities.

The design and layout of the premises were suitable for its stated purpose and met the residents' needs. Residents' accommodation was individually personalised with residents' own belongings. Residents had adequate storage space in their bedrooms and bathrooms.

Staff were familiar with the residents' needs, and residents received good standards of nursing care and support. Resident's care plan documentation clearly guided staff in providing person-centred care in line with residents' individual preferences and wishes. Care plans reviewed demonstrated evidence of multi-disciplinary team input. The care plans in relation to food and nutrition demonstrated input from dietitians and speech and language therapists where there was a nutritional concern.

The centre was found to be clean and warm throughout. Infection prevention and control measures were in place and monitored by the person in charge. There was evidence of good practices in relation to infection prevention and control, and staff were observed using good hand hygiene techniques throughout the day of the inspection.

The inspector found that residents were adequately protected from abuse. The provider had implemented comprehensive safeguarding measures including policies and procedures and staff education in the safeguarding of vulnerable adults.

Residents had access to television, radio and newspapers. The inspector reviewed minutes of residents' meetings, which sought feedback on areas such as activities and the quality of food being served. The suggestions appeared to be addressed, and an action plan was put in place.

Visitors were being welcomed into the centre and this was having a positive impact on residents; there were no visiting restrictions in place.

However, access to the garden area was restricted by a locked door, and residents had to ask for the assistance of staff if they wanted to go into their garden area.

Regulation 18: Food and nutrition

The inspector observed the dining experience for residents and found that there was a good choice of food available, and that residents can access food and snacks whenever they want. The service of food was good, and residents had a choice at each mealtime. Staff were available to provide assistance in a discreet and respectful manner. The food served was found to be in accordance with the residents' assessed needs.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector saw evidence that all relevant information accompanied residents who were transferred out of the centre to another service, such as completed nursing referral letters.

Judgment: Compliant

Regulation 27: Infection control

The centre was visibly clean, and the inspector observed good infection prevention and control practices in use by staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A sample of resident care plans was reviewed. Each resident had a person-centred end-of-life care plan in place to ensure that the residents' needs in the end-of-life stage could be met.

Assessments were completed within 48 hours of admission and all care plans were updated within a four-month period or more frequently, where required or requested with the resident or their nominated representative.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from the risk of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents could not access their garden area easily and had to ask a member of staff for access, which was an overly restrictive practice for some residents, who were independent and safe to do so.

Judgment: Substantially 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	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Áras Ui Dhomhnaill Nursing Home OSV-0000313

Inspection ID: MON-0047193

Date of inspection: 19/03/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Additional fire safety training was conducted on the 21.Apr.2026 and another training session is scheduled for the 7.Jul.26. Refresher cardiopulmonary resuscitation training will be provided to the staff who need it by the 30.Sep.2026.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: We will immediately give the number access code to appropriately assessed independent residents in order to give them independent access to the walled garden.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	29/05/2026