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:	St. Eunan's Nursing Home
Name of provider:	St. Eunan's Nursing and Convalescent Home Limited
Address of centre:	Rough Park, Ramelton Road, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	31 March 2026
Centre ID:	OSV-0000392
Fieldwork ID:	MON-0041560

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 can accommodate 42 residents who need long-term, respite, convalescent and end-of-life care. Accommodation for residents is provided in 22 single rooms and 10 twin-occupancy rooms. All rooms have en-suite facilities, including a shower, wash hand basin, and toilet. The centre provides a comfortable and homelike environment for residents. The philosophy of care is to provide a residential setting which promotes residents' rights and independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42

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
Tuesday 31 March 2026	09:00hrs to 17:00hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector found that residents living in this centre were provided with a good standard of care and support in a supportive environment. Residents told the inspector that staff were caring and that they made them feel safe living in the centre. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a kind and respectful manner. This unannounced inspection took place over one day. There were 42 residents in the centre and no vacancies on the day of the inspection.

St. Eunan's Nursing Home is situated on the outskirts of Letterkenny, County Donegal. On arrival at the centre, the inspector was met by the person in charge, who facilitated the inspection. Following an introductory meeting, the inspector conducted a walk through the building with the person in charge, giving an opportunity to review the living environment and to meet with residents and staff.

The centre is a single-storey purpose-built facility which is registered to provide accommodation for 42 residents. Resident bedroom accommodation comprised of single and twin bedrooms, the majority of which had ensuite bathroom facilities. Residents' bedrooms were suitably styled, providing adequate space to store personal belongings. Residents were supported to personalise their bedrooms with items such as photographs and items of personal significance to help them feel comfortable and at ease in the home. There was a sufficient choice of suitable communal spaces provided for residents to use, depending on their preference, including living rooms, an activity room and a dining area. There was also adequate space available for residents to meet with friends and relatives in private, should they wish to.

There was safe, unrestricted access to an enclosed outdoor space, which provided residents with direct access to nature and fresh air. This area contained colourful, seasonal flowers beds and a variety of appropriate outdoor furniture and shelter.

Overall, the design and layout of the building was appropriate to meet the assessed needs of residents, and to encourage and support independence. Corridors were wide, with appropriately placed handrails, and were maintained clear of items to allow residents with walking aids to mobilise safely around the centre. Call-bells were available in all areas, and residents told the inspector that they were answered in a timely manner. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was very bright, warm and well-ventilated throughout. While the building was laid out to meet the needs of the residents, the inspector observed that there was not sufficient storage available in the centre. A number of items of residents' equipment were inappropriately stored in residents' bedrooms and communal areas.

The centre was very clean, tidy and well-maintained. Housekeeping staff were observed to clean the centre according to a schedule, and cleaning practices were observed to be consistent to ensure all areas of the centre were cleaned.

Throughout the day, the inspector spent time observing staff and resident interaction in the various areas of the centre. The majority of residents were up and about as the day progressed. Residents were observed to be content as they went about their daily lives. Some residents were observed relaxing in the various communal areas, watching TV, reading, chatting with each other and staff, while other residents mobilised freely or with assistance around the building. A small number of residents chose to spend time relaxing in the comfort of their bedrooms. It was evident that residents' choices and preferences in their daily routines were respected. 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. The inspector observed that personal care was attended to a good standard. While staff were busy assisting residents with their needs throughout the day, care delivery was observed to be unhurried and respectful. Staff were knowledgeable about residents and their individual needs. Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas, were supported by staff throughout the day. There was a relaxed and calm atmosphere, and polite conversation was overheard between residents and staff.

The inspector chatted and interacted with a large number of residents during the course of the inspection. Residents were happy to talk about life in the centre. Residents spoke positively about their experience and told the inspector that they were very happy with their bedroom accommodation and general surroundings, which were comfortable and suitable for their needs. They told the inspector that they felt safe in the centre, and that they could freely raise any concerns with staff. When asked what it was like to live in the centre, one resident told the inspector ‘everything and everyone is so good, it’s fabulous’, while another resident said ‘life is lovely’. A number of residents described the centre as ‘ home from home’. There were a number of residents who were unable to speak with the inspector and were therefore not able to give their views of the centre. However, these residents were observed to be content and relaxed in their surroundings.

A small number of residents told the inspector that they preferred to spend most of their day in the comfort of their bedroom and that staff popped in to see them regularly. They said that they would use the call-bell should they require assistance and that the call-bell was always answered by staff in a timely manner.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day. A number of visitors told the inspector that they were very satisfied with the care received by their loved one and that they could speak with management if they had any concerns. One visitor told the inspector that they were ‘extremely happy’ with the centre and that they felt ‘very assured’. Another family told the inspector that they were ‘very satisfied with everything’.

Residents were provided with opportunities to participate in recreational activities of their choice and ability. There was a schedule of activities in place which included, exercises, arts and crafts, bingo and music. Residents had unlimited access to telephones, television, radio, newspapers and books.

Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of the food provided. One resident described the food as 'the best'. The dining experience at lunchtime was observed to be a relaxed occasion, and the inspector saw that the food was appetising and well presented. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently.

In summary, the inspector found residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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 on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced monitoring 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 inspector reviewed the action taken by the provider to address identified areas of non-compliance found on the previous monitoring inspection in September 2024.

The overall findings of the inspection were that there were effective governance and management systems in place to ensure that residents were supported to have a good quality of life. The provider had addressed the majority of the non-compliant issues found on the previous inspection. However, the actions taken in respect of premises were not sufficient to meet the requirements of the regulations. Furthermore, the measures in place in respect of safeguarding of residents were found not to be in full compliance with the regulations.

The registered provider of this designated centre is St Eunan's Nursing and Convalescence Home Limited, a company comprised of four company directors, one of whom represents the registered provider. The inspector found that there were sufficient resources in place in the centre to ensure that the rights, health and wellbeing of residents were supported. There was a clearly defined management structure in place with identified lines of authority and accountability. The clinical management team consisted of a person in charge, a clinical director of nursing and

a clinical nurse manager. The person in charge was further supported by a full complement of staff, including nursing and care staff, activity, housekeeping, administration, maintenance and catering staff. Management support was also provided by one of the directors of the company. The person in charge demonstrated a good understanding of their role and responsibility, and was well known to residents. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge.

The centre was adequately staffed with an appropriate skill-mix of staff to meet the assessed health and social care needs of residents. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of registered nurses and a team of healthcare assistants. Staff demonstrated an understanding of their roles and responsibilities, and were observed to be interacting in a positive and considerate way with residents. Staff were observed working together as a team to ensure residents' needs were addressed. The person in charge and clinical director of nursing provided clinical supervision and support to all the staff.

Staff had access to education and training appropriate to their role. This included fire safety, infection prevention and control, safeguarding vulnerable adults, and manual handling training.

The provider had robust systems of monitoring and oversight of the quality of the service in place. There was a comprehensive schedule of audits, which reviewed areas of the service such as falls management, infection control, care planning, wound management, medicines management and activities. Action plans were developed and completed where areas for improvement were identified. An annual review of the quality and safety of the services had been completed for 2025, which included a quality improvement plan for 2026.

The management team met with each other and staff on a regular basis. Records of meetings were maintained, and showed that a range of quality improvement agenda items were discussed, including clinical issues, infection prevention and control, staffing issues, medication management, complaints, audits and other relevant management issues.

Policies and procedures were available in the centre, providing staff with guidance on how to deliver safe care to the residents.

The centre had a risk register in place which identified clinical and environmental risks to the safety and welfare of residents, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. Notifiable events, as set out in Schedule 4 of the regulations, were notified to the office of the Chief Inspector of Social Services within the required time frame.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were

recorded, acknowledged, investigated and the outcome communicated to the complainant.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in the care of older persons and worked full-time in the centre. They were suitably qualified and experienced for the role. They had the overall clinical oversight for the delivery of health and social care to the residents and displayed good knowledge of the residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training, and staff had completed all necessary training appropriate to their role.

Arrangements were in place to ensure staff were appropriately supervised to carry out their duties through senior management support and presence.

Judgment: Compliant

Regulation 21: Records

The inspector found that the records set out in Schedules 2, 3 and 4 were kept in the centre, and that they were available for inspection on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of good quality care and support to residents.

There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a team-based approach.

There was a quality assurance programme in place that effectively monitored the quality and safety of the service. Feedback from audits was used to identify areas for improvement.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints records found that residents' complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Residents were satisfied with the care provided in St. Eunan's Nursing Home and spoke positively about the support they received from staff. The inspector observed that residents' rights and choices were upheld. Staff were respectful and courteous with residents. However, the inspector found that the arrangements for the

safeguarding of residents' finances and premises did not fully align with the requirements of the regulations.

The provider had a number of measures in place to safeguard residents from abuse. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff 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. However, the arrangement in place to protect residents' monies was inadequate. While the provider acted as pension agent for one resident, the arrangements in place to manage this process were not in line with best practice and national guidelines.

Overall, the design and layout of the premises were suitable for its stated purpose and met residents' individual and collective needs. However, while there was a storage facility outside the building, there were no appropriate storage areas inside the centre. This resulted in inappropriate storage of various items of residents' equipment and furniture throughout the centre.

Residents received a good standard of care and support, which ensured that they were safe and that they could enjoy a good quality of life. Staff who spoke with the inspector were knowledgeable about residents and their individual needs. A sample of residents' files was reviewed by the inspector. Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission to the centre, a range of clinical assessments was carried out, using validated clinical assessment tools, to identify areas of risk specific to each resident. These assessments were used to develop a comprehensive individualised care plan for each resident, within 48 hours of admission, which addressed the residents' abilities and assessed needs. Individual care plans contained person-centred information and were updated every four months, or as changes occurred, to reflect residents' changing needs and to provide clear guidance to staff on the supports required to maximise the residents' quality of life. Daily nursing records demonstrated good monitoring of residents' care needs.

A review of residents' records found that there was regular communication with residents' general practitioner (GP) regarding their health care needs. Residents were provided with access to their GP, as requested or required. Arrangements were in place for residents to access the expertise of health and social care professionals for further expert assessment and treatment, in line with their assessed needs.

Residents were free to exercise choice about how they spent their day. Residents had the opportunity to meet together and discuss management issues in the centre including visiting, safeguarding and rights, complaints, activities, and dining experience. Residents had access to an independent advocacy service.

Residents who may be at risk of malnutrition were appropriately monitored. Appropriate referral pathways were established to ensure residents identified as at risk of malnutrition were referred for further assessment by an appropriate health and social care professional.

There was evidence of good practices in relation to infection control. Staff demonstrated good knowledge of infection control practices. The environment and equipment used by residents were visibly clean.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

Regulation 10: Communication difficulties

There were provisions in place to ensure that residents with communication difficulties were supported to communicate freely

Judgment: Compliant

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

The provider did not ensure that all areas of the premises conformed to the requirements set out in Schedule 6 of the regulations. There was not sufficient suitable storage space available for residents' equipment and furniture, as the inspector observed that these were inappropriately stored in communal areas and in residents' bedrooms. These arrangements had the potential to restrict residents' access to their personal and communal space, compromising their privacy and safety, and also posed a falls risk to residents.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There were sufficient amounts of food and drink available to residents at all times. Residents were provided with a choice of meals from a menu that was updated

daily. Food was properly and safely prepared, cooked and served, including specialist consistency meals. Residents were assisted with their meals in a respectful and dignified manner when necessary.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place, which included the all of required elements, as set out in Regulation 26.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and health and social care professionals and services to meet their assessed needs.

Judgment: Compliant

Regulation 8: Protection

The arrangements in place for residents who required a pension agent were not in line with best practices and the Department of Social Protection guidelines, as residents' pensions were transferred into the company's current business account. This did not ensure that residents' finances were effectively safeguarded.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day. The inspector observed that residents' privacy and dignity were respected.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Eunan's Nursing Home OSV-0000392

Inspection ID: MON-0041560

Date of inspection: 31/03/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Registered Provider will have additional suitable storage constructed to allow for storage outside of the residents personal and communal space.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Registered provider will no longer be the pension agent for any resident in future and has a plan in place for the current resident in order to be compliant	

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	31/10/2026
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/10/2026