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:	Good Counsel Nursing Home
Name of provider:	Good Counsel Nursing Home Limited
Address of centre:	Kilmallock Road, Limerick City, Limerick
Type of inspection:	Unannounced
Date of inspection:	16 June 2026
Centre ID:	OSV-0000416
Fieldwork ID:	MON-0050817

About the designated centre

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

Good Counsel Nursing Home is a single-storey purpose built centre that provides continuing, convalescent and respite care for up to 28 residents. It is situated on the outskirts of Limerick City and is in close proximity to all local amenities. It is a mixed gender facility and caters for residents of all dependency needs from low to maximum.
It is a family-run centre and one of its stated aims is "to provide a 'homely' environment where residents feel safe, secure and comfortable in the facility during their stay. The staff will treat all residents with dignity, respect, privacy, freedom of choice and kindness". Residents' accommodation is provided in 20 single bedrooms and in four twin bedrooms a small number of which have en-suite facilities. There are two bedroom wings and a main corridor that comprises of day space. There is a large central dining room and two sitting rooms for residents use. Plenty of outdoor space is available including a large enclosed garden with tables and chairs. Care is provided by a team of nursing and care staff covering day and night shifts. Medical and other allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27

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 16 June 2026	10:15hrs to 18:00hrs	Gordon Ellis	Lead

What residents told us and what inspectors observed

This unannounced risk inspection was carried out over one day. The inspector was met by the registered provider and subsequently by the person in charge. Following an introductory meeting, the inspector completed a walkaround of the designated centre and reviewed documentation relating to fire precautions, premises management, governance systems and emergency preparedness.

Residents were observed throughout the day engaging in their normal routines. Residents were observed moving freely throughout the centre, spending time in communal areas and participating in activities. Some residents were observed using the designated smoking facilities while others chose to spend time in sitting rooms and other communal areas.

Interactions observed between staff and residents were respectful and person-centred. Residents appeared comfortable in their surroundings and staff were observed providing support in a calm and appropriate manner.

The centre was generally warm, comfortable and homely in appearance. Residents had access to communal sitting rooms, dining facilities and an enclosed garden area. The garden area was observed to be well maintained and accessible to residents.

Good Council Nursing Home is registered to accommodate 28 residents and is located in Kilmallock, on the outskirts of Limerick City. There were 27 residents in the centre on the day of the inspection with one resident in hospital. Accommodation is provided on a single-storey layout with a combination of single and multi-occupancy bedrooms and a range of communal facilities available to residents.

While residents appeared comfortable and well cared for, the inspector identified a number of concerns regarding fire precautions and aspects of the premises.

The inspector observed deficiencies relating to fire doors, compartmentation, storage arrangements, emergency lighting, means of escape and fire containment measures throughout the designated centre. A number of rooms containing boilers, electrical distribution boards and other building services were also being used for storage purposes.

The inspector identified concerns regarding the centre's evacuation strategy and was not assured that existing compartmentation arrangements were sufficient to support progressive horizontal evacuation of residents in the event of a fire emergency.

The fire alarm panel when viewed was noted to be free of faults. However, fire evacuation floor plans on display throughout the units did not indicate the location

of compartment boundaries and a number of floor plans did not accurately reflect the current layout of the building.

The next two sections of the report present the findings of the inspection in relation to governance and management in the centre and how these arrangements impacted on the quality and safety of the service provided to residents.

Capacity and capability

The findings of this inspection were that the registered provider did not have effective management systems in place to ensure that all aspects of service provided was safe and appropriate. The provider was not in full compliance with Regulation 23: Governance and Management or Regulation 28: Fire Precautions and improvements were required in relation to Regulation 17: Premises.

This was an unannounced risk inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, (as amended), to follow up on the previous compliance plan and to inform the registration renewal process, with particular focus on fire precautions and the management of fire safety.

The inspector also followed up on a compliance plan submitted by the registered provider following an inspection of the centre in February 2025 and February 2026, which identified non-compliance in relation to the assessment of fire precautions.

This inspection found that there was a well-established management team in place who were working hard to improve the quality of care in the centre. While the provider had completed some of the findings from the previous inspection, the provider had not fully implemented the compliance plan following the last inspection in relation to fire precautions and premises issues. These are detailed under Regulation 17 and regulation 28 of this report.

Good Counsel Nursing Home Limited was the registered provider of the designated centre. The person in charge was a director of the company. They were supported in their role by two clinical nurse managers. A team of nurses, support assistants, kitchen and house-keeping staff made up the staffing compliment. A general manager, who was also a director of the company, had oversight of catering, maintenance, finances, human resource management and administration.

Records reviewed demonstrated that staff had completed fire safety training and that fire drills were being completed. Service records were available for the fire alarm system, emergency lighting, a generator, gas installations and boilers.

The provider maintained a fire safety management plan, fire register and emergency procedures. Weekly checks of fire doors, means of escape routes and fire safety

systems were being completed and recorded. The provider also maintained Personal Emergency Evacuation Plans for residents.

However, despite these arrangements, the inspector identified a significant number of fire safety deficiencies throughout the centre that had not been identified through the provider's auditing and monitoring systems. These are detailed under Regulation 28 of this report.

Issues relating to the management of fire safety are detailed under Regulation 23: Governance and Management. Further fire safety issues are detailed under the quality and safety section and regulation 28 fire precautions of the report.

Regulation 23: Governance and management

In consideration of fire safety matters identified during the inspection, the provider had not ensured that effective management systems were in place to ensure the service provided was safe, appropriate, consistent and effectively monitored.

The oversight of fire safety arrangements within the designated centre was not sufficiently robust to identify and manage fire safety risks. This was evidenced by the following findings:

- The providers' in-house fire management systems such as audits, the fire register and fire safety checks had not recognised fire risks. This was evidenced by poor oversight of inappropriate storage arrangements, fire precautions, means of escape and fire containment, all of which were impacting on fire safety.
- Arrangements for the maintenance of fire doors, containment measures and the building fabric were not effective. These and additional risks are outlined in detail under regulation 28: Fire Precautions.
- Storage practices involving boilers, electrical distribution boards and combustible materials had not been effectively risk assessed or managed.
- The oversight of fire safety training did not ensure effective fire safety training was delivered to staff. Training and procedures had been based on the incorrect compartment configuration, leaving staff ill-equipped to manage progressive horizontal evacuation of the actual compartment areas.
- Fire drill arrangements did not provide adequate assurance that all residents could be safely evacuated under night-time staffing conditions.

Due to the findings identified during the inspection, immediate actions were required by the provider, and an urgent compliance plan was requested by the inspector following completion of the inspection, details of which are set out in Regulation 28.

Judgment: Not compliant

Quality and safety

This inspection found that the management of fire safety, as described in the capacity and capability section of this report, did not fully ensure the safety of residents, staff and visitors. The inspector found significant non-compliances in the following areas:

- Inappropriate storage arrangements of flammable and combustible items.
- Compromised means of escape and emergency lighting to protected escape routes.
- Inadequate fire compartments to support progressive horizontal evacuation strategy.
- Inadequate evacuation procedures and systems in place to provide a safe and effective evacuation for the residents in the event of a fire.
- Deficiencies in relation to fire doors and fire stopping arrangements.

The inspector identified concerns regarding storage arrangements within rooms containing boilers, electrical installations and other building services. Combustible materials and supplies were stored within these areas, increasing the fire loading and presenting avoidable fire risks. An immediate action was verbally issued to the provider for any flammable or combustible materials to be removed from these rooms.

The inspector found that fire door maintenance required significant improvement. Missing smoke seals, missing hinge seals, missing fire door tags and defects relating to door hardware were identified throughout the centre. A number of fire doors were held open by chairs and some closer systems were not functioning correctly.

Deficiencies were also identified regarding means of escape arrangements. Escape route signage was absent in some areas of the building and emergency lighting provision was not adequate along escape routes. Fire detection was also missing in some rooms.

The inspector was not assured that current compartmentation arrangements would adequately support progressive horizontal evacuation. In addition, fire drill records reviewed did not provide adequate assurance that larger groups of residents could be safely evacuated under simulated night-time staffing arrangements.

Evacuation procedures and systems in place were not adequate. A fully simulated compartment drill based on the largest compartment when staff resources were at their lowest was not available for review. An urgent action was issued to the provider to carry out and submit a drill record based on the above scenario for review to confirm the provider had appropriate arrangements in place to manage in an emergency.

These and other examples of fire risks are outlined in detail under Regulation 28: Fire Precautions.

The centre was found to be visibly clean in the majority of areas occupied by residents. Overall, improvement was required in the upkeep of the facilities and premises. Other areas required attention to maintain and upgrade the overall condition of the centre, for example, doors in the centre required maintenance attention along with painting and decorating required in parts of the centre showing signs of wear and tear. Storage concerns were identified during the inspection, some of which impacted on fire safety.

Regulation 17: Premises

While the centre provided a comfortable environment for residents and communal areas were generally maintained to an acceptable standard, action was required to ensure that the premises fully met the requirements of the regulations.

The premises did not fully conform to the matters set out in Schedule 6 of the regulations.

- A call bell was not available in the residents dining room. This was found on the previous inspection.
- A number of areas required maintenance and repair, including damaged door frames and chipped finishes.
- Storage arrangements within the premises required review. There was insufficient storage space for equipment, resulting in the inappropriate storage of assistive equipment in a treatment room and a visitors room. This was found on the previous inspection.
- Cracking was observed to sections of a external wall of the building and required repair.
- The front entrance ramp did not provide a suitable level landing at the final exit point for residents.
- Boilers and building services were located within rooms that were also utilised for storage purposes.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector was not assured that the registered provider had taken all reasonable measures to protect residents from the risk of fire.

The provider was not taking adequate precautions against the risk of fire, nor adequately reviewing fire precautions, for example:

- Gas boilers and the main ESB electrical supply were located within occupied areas of the centre, including a linen room, office and nurses' station. These areas also contained combustible materials and electrical equipment, increasing the risk of fire development and spread. An immediate action was issued and addressed during the inspection.
- Gas pipework throughout the centre was not consistently labelled or identified.
- Fire doors were found obstructed or wedged open, compromising fire containment.
- Fire extinguisher signage was displayed in some locations where extinguishers were not provided.

The provider did not ensure adequate means of escape was provided, including emergency lighting, for example:

- Emergency signage was absent, faulty or not illuminated in a number of locations, including escape routes and cross-corridor doors.
- The inspector was not assured that adequate emergency lighting was provided throughout escape routes.
- Some exits fitted with magnetic locks were not provided with green break glass override units.
- Secondary locking devices were fitted to some fire exits and could impede evacuation.
- Some cross-corridor doors were not fitted with vision panels to support the progressive horizontal evacuation strategy.
- Emergency lighting was inadequate along external escape routes and at the designated assembly point. Some external emergency lighting was not functioning.

The arrangements in place for maintaining fire equipment, means of escape, building fabric and building services were not adequate, for example:

- Numerous fire doors were missing smoke seals, fire seals or appropriate ironmongery. Some doors were damaged, had excessive gaps, did not close effectively or had painted-over seals.
- Acoustic door retainers were not functioning correctly due to missing floor receivers or depleted batteries.
- Some fire doors were fitted with key-lock systems which may impact fire containment.
- Fire stopping was required around a number of service penetrations through fire rated walls and ceilings.

The registered provider did not ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre were aware of the procedures to be followed in the event of a fire, for example:

- Fire drills reviewed did not provide assurance the appropriate arrangements were in place in the case of an emergency.
- Inspection findings identified that up to 17 residents were accommodated within one evacuation area, while staff training and evacuation arrangements had been based on an eight-bed compartment.
- Staff were not fully aware of the evacuation procedures required for the larger compartment arrangement.
- An urgent action plan was issued to the provider regarding this risk.

The arrangements in place did not provide adequate containment and detection of fire, for example:

- The provider could not provide assurance that the centre was divided into effective 60-minute fire compartments to support progressive horizontal evacuation. Cross-corridor doors were generally fitted as 30-minute compartment boundaries. The effectiveness of the existing sub-compartment strategy could not be demonstrated.
- Ceiling access hatches did not provide adequate assurance regarding fire resistance.
- A number of doors to ancillary and high-risk rooms lacked evidence of their fire rating and were fitted with domestic-style hardware.
- Fire detection was absent in a number of rooms including stores, sanitary accommodation and ancillary rooms.
- The fire alarm system for the centre was identified as an L2/L3 system, the system did not provide the facility to identify the exact addressable location of a fire at the fire alarm panel. This lack of accuracy would cause delays in a fire event.
- A number of ceiling recessed lights and mechanical extract ventilation units were located within fire rated ceilings. Assurance was required that the fire rating of the element they were located in were maintained and provided the required fire safety measures to contain the transfer of fire and smoke.

The provider failed to provide adequate arrangements for evacuating all persons in the designated centre and safe placement of residents in the event of a fire emergency, for example:

- Personal Emergency Evacuation Plans did not consistently identify staffing resources required to evacuate residents safely.
- Plans did not consistently identify risks associated with hearing impairment, visual impairment or the use of sleep medication.
- The provider had not adequately assessed the evacuation implications of accommodating 17 residents within one evacuation area.
- A simulated fire drill for the largest compartment based on all scenarios was not available during the inspection. Following an urgent action, the provider submitted additional drill records which were deemed satisfactory.

The displayed procedures to be followed in the event of a fire did not accurately reflect the layout of the centre, for example:

- Fire evacuation floor plans did not accurately reflect the current layout of the premises.
- Plans did not identify compartment boundaries required to support progressive horizontal evacuation.
- As a result, the displayed fire safety information did not provide adequate assurance that staff would have access to accurate evacuation information during a fire emergency.

Judgment: Not 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 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Good Counsel Nursing Home OSV-0000416

Inspection ID: MON-0050817

Date of inspection: 16/06/2026

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	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: - A Fire Safety Risk Assessment was carried out in the nursing home in July 2026 and an action plan has been formulated on the basis of outcomes of said FSRA. - This action plan is time bound and works have commenced in relation to areas that remedial actions. The action plan details work to be complete in three frames namely 16/09/2026, 05/11/2026 and the 05/02/2027. - The boilers and electrical distribution boards will be enclosed in a 60-minute fire rated compartment by the 05/11/2026. Temporary measures have been put in place to remove shelving etc. from the vicinity of the boilers / distribution boards in the interim. - Fire Safety Training has been renewed by an external consultant with staff on the 04/08/2026. - Fire Drills including night time have been carried out since the inspection taking into account the sub compartments. - 60-minute pre hung Cross Corridor Fire Doors have been ordered and are due for installation the week of the 16th November 2026.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: - Upgrade works to Emergency Lighting are underway and due for completion the 5th November 2026.	

- Works to install additional evacuation signage is underway and due for completion on the 16/09/2026.
- A call bell has been installed in the dining room (June 2026)
- Ongoing painting works are underway, on completion of the more substantive works further redecorating will be carried out. (November 2026).
- A new entrance ramp will be completed when the entrance upgrade works are underway as part of the planned extension.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
- Gas pipework has been painted yellow as per the FSRA and additional signage has been procured.
- Fire Extinguishers are all placed beside relevant signage. July 2026
- All Doorguard Hold Open Devices are operational. June 2026
- Upgrade works to Emergency Lighting including external Lux test are underway and due for completion the 5th November 2026.
- The exit with the magnetic lock will have a green break glass override unit installed.
- Locking devices are being removed from the exits (note these were not locked at any time)
- 60-minute pre hung Cross Corridor Fire Doors have been ordered and are due for installation the week of the 16th November 2026.
- All Fire Doors will be serviced 05/11/2026.
- The fire doors with the key lock will be remedied or replaced 05/11/2026.
- Fire Stopping will be carried out in conjunction with building works 05/11/2026.
- Fire Safety Training has been renewed by an external consultant with staff on the 04/08/2026.
- Fire Drills including night time have been carried out since the inspection taking into account the sub compartments.
- Additional Fire Detection is due to be installed by the 05/11/2026.
- All lighting on emergency exits is being replaced by LED lighting and any necessary fire stopping will be carried out during these works.
- All PEEPS and Fire Evacuation Floor Plan signage are currently being updated and will be in place for the 16/09/2026

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	05/11/2026
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.	Not Compliant	Orange	16/11/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	16/11/2026

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	05/11/2026
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	16/11/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Red	22/06/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	22/06/2026
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for	Not Compliant	Red	22/06/2026

	evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	15/09/2026