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:	Thorpe's Nursing Home
Name of provider:	Barnacyle Nursing Home Limited
Address of centre:	Clarina, Limerick
Type of inspection:	Unannounced
Date of inspection:	06 May 2026
Centre ID:	OSV-0000436
Fieldwork ID:	MON-0050409

About the designated centre

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

Thorpe's Nursing Home is a purpose built nursing home located in Clarina, Limerick that was established in 1989. The home can accommodate up to 42 residents for both long and short term care, including respite and convalescent care. The centre can accommodate both female and male residents, normally but not restricted to persons over the age of 65. A pre-assessment is carried out prior to admission to assess if the nursing home can cater for your needs. The centre can cater for low, medium, high and maximum dependent residents. The centre can accommodate people with dementia and most medical conditions that affect the older person. The bedroom accommodation is laid out in 32 single bedrooms and 5 double bedrooms. Twenty-four hour nursing care is provided. The ethos of the nursing home is to ensure that the residents are treated as unique dignified individuals and are encouraged to fulfil their potential.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41

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 6 May 2026	09:30hrs to 17:15hrs	Sharon Kane	Lead
Wednesday 6 May 2026	09:30hrs to 17:15hrs	Sean Ryan	Support

What residents told us and what inspectors observed

From what inspectors observed, it was clear that residents received a good quality of care and were supported to enjoy a good quality of life in the centre. Residents spoken with described feeling happy and safe living in the centre and described the staff as kind and caring. Visitors attending the centre were very complimentary of the staff and management of the centre, stating the "place and staff were just marvellous".

Thorpes Nursing Home was a purpose-built nursing home based in a rural setting in County Limerick. The centre is registered to provide accommodation to 42 residents. The centre was situated on accessible landscaped grounds. The centre was comprised of single and twin bedrooms and a variety of communal rooms including sitting rooms, dining room and oratory. There were sufficient toilet and bathrooms available for resident use.

On arrival to the centre, inspectors were greeted by the person in charge. Following a brief introductory meeting, inspectors were given a tour of the building. During the walkaround of the premises inspectors had the opportunity to observe the environment, observe staff and resident interactions, and meet with residents and staff. Residents were observed spending time in the communal areas of the centre, receiving care in their bedrooms, or receiving visitors in their bedrooms or communal areas. Throughout the day, it was evident that residents could choose how to spend their day, as they mobilised freely around the centre, while others were facilitated to take walks around the grounds. Inspectors observed a calm and relaxed atmosphere throughout the centre.

There was a schedule of activities in place and residents spoken with were complimentary about the activities on offer and were satisfied with the choices available. One resident described enjoying the music sessions, while another stated they appreciated any opportunity to be creative. A resident was happy to show inspectors a sample of artwork they had completed with staff support. Residents were also observed participating in chair-based exercise activity in the main day room in the morning. Residents requiring support to engage in the activity were observed receiving support in a gentle and patient manner.

Residents' bedrooms were observed to be clean, tidy, and personalised with artwork and soft furnishings. The corridors were wide, bright, and well lit, with handrails in place throughout. Residents' artwork and photographs from residents' outings were displayed throughout the centre.

Inspectors observed the mealtime experience during both morning and afternoon dining periods. Meals were served in a communal dining room, where residents were encouraged to sit together to support social interaction. Staff remained present throughout the meal time experience and assisted residents where required. Staff

also engaged residents in conversation to enhance the social aspect of dining. Meals were attractively presented and appropriately modified to meet residents' assessed dietary needs.

A number of fire safety concerns were observed. Some fire doors were not closing fully and others had visible gaps when closed. In addition, some gaps were observed in walls that had been penetrated with pipes.

Visitors were observed coming and going from the centre throughout the day of inspection. All visitors spoken with reported high levels of satisfaction with the care and support provided to their relatives. Some described initial anxiety when their relative first moved into the centre, as they had no previous experience of residential care. They said the centre became a 'home from home'. Visitors described staff as caring and supportive and stated they were kept informed and involved in their relatives' care.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements that were in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered to residents.

Capacity and capability

This was a one-day unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). Inspectors followed up on the compliance plan submitted by the provider following an inspection in June 2024. The findings on this inspection were that the actions set out in the compliance plan had not been fully addressed. The detail of the provider's application to renew the registration of the centre was also reviewed on this inspection.

The registered provider of Thorpe's Nursing Home is Barnacyle Limited. A director for the company represented the registered provider and was involved in the day-to-day operation of the centre. The person in charge reported to a director of the registered provider. The person in charge worked full-time in the centre. They were supported in their role by a clinical nurse manager who deputised in their absence. A team of nursing staff, health care assistants, activity staff, catering staff, and housekeeping staff made up the staffing complement.

The centre had a well-established governance structure with defined lines of accountability. Residents and visitors were familiar with the members of the management team. Regular meetings were held between the management team to oversee key aspects of service delivery, including infection prevention and control, premises management, and clinical governance. Actions identified through these meetings were assigned to relevant personnel and monitored to completion. An

annual review of the quality and safety of care had been completed and incorporated feedback from residents and families.There were management systems in place to monitor the quality and safety of the service provided. A programme of audits was undertaken in areas such as infection prevention and control, premises management, and clinical care. While these systems identified some areas requiring improvement, audits did not ensure that identified risks were comprehensively analysed and addressed. For example, although an increase in the incidence of pressure ulcers had been identified, there was limited documented analysis of contributory factors and no associated quality improvement plan had been developed.

Inspectors also found that the oversight of care planning and assessment documentation did not ensure compliance with the regulations. Incomplete nursing documentation is described further under Regulation 5: Individual assessment and care plan.

The oversight of the premises was not fully effective. While the provider had taken some action to address the layout of shared bedrooms since the previous inspection, some twin bedrooms remained poorly configured, with bed spaces that did not adequately accommodate a bed, chair and residents' personal storage items. As a result, the layout of some twin bedrooms did not fully support residents' privacy, and had the potential to limit their ability to undertake personal activities in private.

Inspectors found that there were sufficient resources in place in the centre to ensure that the rights, health, and wellbeing of residents were supported. Staffing levels and skill-mix were appropriate to meet the assessed health and social care needs of the residents. Staff were observed working together as a team to ensure residents' needs were addressed and were observed to be interacting in a positive and supportive manner.

Inspectors reviewed a sample of staff files. The files contained the necessary information, as required by Schedule 2 of the regulations including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Staff were facilitated to attend training relevant to their roles. This included manual handling, safeguarding of vulnerable people, and fire safety. The person in charge and the clinical nurse manager provided clinical supervision, and staff were observed to be appropriately supervised.

Notifications, required to be submitted to the Chief Inspector, were submitted in line with the requirements of the regulations.

The centre had a complaints policy and procedure which described the process of raising a complaint or a concern. A record of complaints was maintained by the person in charge, which demonstrated that complaints were managed promptly and were comprehensively resolved in line with regulatory requirements.

The provider had an insurance policy in place which included cover against injury to residents and other risks in the centre. Documents reviewed indicated that it met the requirements of the regulations.

Regulation 14: Persons in charge

The person in charge met the requirements of the regulations in relation to management experience, qualifications ad experience in the care of older persons. They were employed in a full-time capacity and were engaged in the day-to-day management of the centre.

Judgment: Compliant

Regulation 15: Staffing

There was an adequate number and skill-mix of staff on duty to meet the assessed needs of residents.

There were also sufficient ancillary staff in place, including housekeeping, laundry, catering, administration and maintenance staff, to support the effective day-to-day operation of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A comprehensive training programme was in place, and staff had access to training appropriate to their roles. Records reviewed demonstrated that staff had completed training in key areas, including manual handling, safeguarding of vulnerable people, and fire safety. Staff spoken with demonstrated appropriate knowledge and understanding of their roles and responsibilities in these areas.

Effective staff supervision arrangements were in place. There was evidence that the quality and safety of care provided to residents was supervised and monitored.

Judgment: Compliant

Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, were stored securely and readily accessible. Inspectors reviewed a number of staff personnel records, which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

Appropriate insurance arrangements were in place in accordance with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place did not fully ensure that the service provided was effectively monitored. Oversight arrangements were not consistently effective in identifying and responding to areas of risk, as evidenced by:

- Action plans were not fully developed following identification of risks. For example, although an increase in pressure ulcer development had been identified, there was no comprehensive analysis of contributory factors or associated quality improvement plan developed.
- The ongoing issues relating to the layout of some twin bedrooms not been fully addressed since last inspection. As a result, residents did not consistently have appropriate access to personal space within shared bedroom accommodation.
- There was no system in place to monitor care plans, resulting in incomplete care planning and assessment documentation.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the process for making a complaint and the personnel involved in the management of complaints. A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant, and the

satisfaction of the complainant recorded. Complaints were analysed for areas of quality improvement and the learning was shared with the staff.

Judgment: Compliant

Quality and safety

The findings of the inspection were that the provider was delivering a good standard of care to residents in line with their assessed needs. Residents were supported to enjoy a good quality of life. Residents had access to health care services, including general practitioners, speech and language therapy, physiotherapy, and tissue viability nurses. Residents' spoke positively of the quality of the service provided and reported feeling safe living in the centre.

This inspection found that issues relating to aspects of the premises, fire precautions, and individual assessment and care planning did not fully align with the requirements of the regulations.

Inspectors reviewed the arrangements in place in relation to fire safety. Regular fire safety checks in the centre were completed and recorded. There were daily, weekly and monthly checklists which included testing of fire equipment, fire alarm testing, emergency lighting, means of escape and fire exit doors, all of which were up-to-date. However, this inspection identified a number of deficits that could impact containment of fire within the premises. Significant gaps were observed between the bottom of the some fire doors and the floor, and penetrations through walls and ceilings were not adequately sealed. This could potentially compromise fire containment measures in the event of a fire.

Inspectors reviewed a sample of residents' records and found that care plans were well-written and person-centered. However, not all records were fully aligned with the requirements of the regulations. For example, some residents who had experienced weight loss had not had a comprehensive nutritional risk assessment completed. Consequently, associated care plans did not clearly outline the interventions required to support residents' nutritional care needs. Inspectors also found that care plans were not consistently informed by the residents assessed needs. For example, a resident assessed as being at high risk of pressure ulcer development, with a history of a pressure ulcer and a current pressure injury, did not have an associated care plan to manage the risk and guide their care needs.

The premises in general were laid out to meet the needs of the residents with the exception of two shared bedrooms. The layout of two shared bedrooms did not consistently ensure residents' privacy could be maintained. The centre was observed to be clean and tidy on the day of inspection. However, inappropriate storage of equipment and products was observed in some communal areas. There were also areas of wear and tear throughout the premises, including damaged paint work in

some communal areas and resident bedrooms, scuffed wood-finished surfaces, damaged tiles in some shared bathrooms and rust on some radiators.

Residents were supported to choose how to spend their day. Residents had access to a wide range of activities and were supported to take part in these activities by dedicated staff. Residents reported that they were satisfied with the activities on offer and informed inspectors that there was lots to do during the day, while also stating that participation was based on their personal choice. Advocacy services were available to residents if required. Regular residents' meetings occurred, where residents' feedback was considered and actions were taken in response to concerns raised.

The provider had systems in place to safeguard residents and protect them from the risk of abuse. Staff had completed up-to-date safeguarding training and were supported by a safeguarding policy that provided guidance on recognising, responding to, and reporting allegations or concerns of abuse. Appropriate systems were in place for the storage, safekeeping and recording of residents' personal finances.

Residents with communication difficulties were supported to communicate freely and to express their views and preferences. Staff demonstrated good knowledge of residents' communication needs and were observed communicating with residents in a patient, respectful and supportive manner. Communication care plans reviewed by inspectors contained clear guidance regarding residents communication abilities and supports required to maximise effective communication. Appropriate aids were available to residents, where required.

Visiting arrangements were observed to be flexible and welcoming. There was sufficient private areas for residents to receive visitors. Inspectors observed visitors attending the centre throughout the day of inspections.

Regulation 10: Communication difficulties

Systems were in place to support residents with communication difficulties. Staff were knowledgeable regarding residents' assessed needs, and appropriate communication aids were available.

Judgment: Compliant

Regulation 11: Visits

Visiting arrangements were flexible, with visitors observed coming to and from the centre throughout the day of the inspection. There was adequate communal and private space for residents to meet their visitors.

Judgment: Compliant

Regulation 17: Premises

There were areas of the premises that did not meet the requirements under Schedule 6 of the regulations. For example:

- Surfaces and finishes, including wall paintwork, and wood finishes in some residents' bedrooms and in some communal areas, showed signs of wear and tear.
- Damage was observed to tiled surfaces in some shared bathroom facilities.
- Storage arrangements were not consistently appropriate. For example, products and equipment were stored in communal areas and chairs awaiting repair were stored in a room containing working electrical equipment.
- The layout of some shared bedrooms did not ensure that the bed space could occupy a bed, a chair and personal storage items. As a result, residents' privacy could not be ensured.
- In another shared bedroom, the layout did not ensure that one resident could access the en-suite toilet facilities without entering the other resident's personal space.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider did not have adequate arrangements in place for the containment of fire, for example:

- Services such as pipe-work and cabling, were observed passing through walls and ceilings without evidence of appropriate fire stopping in a linen room and heat distribution room.
- Some corridor fire doors had excessive gaps when closed which had potential to compromise fire containment in the event of a fire emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents' assessment and care plans found that they were not in line with the requirements of the regulations. For example;

- Some residents did not have a comprehensive assessment of their needs completed. For example, some residents who had experienced weight-loss did not have a comprehensive assessment of their nutritional risk completed. Consequently, the care plan did not detail the interventions necessary to support residents with their nutritional care needs.
- Care plans were not consistently informed by a comprehensive assessment of the residents' care needs. For example, a resident, assessed as being at high risk of impaired skin integrity, with a history of pressure-related injuries and a current pressure injury, did not have an associated care plan in place to guide the management of this risk and the care to be provided.
- Care plans were not always reviewed or updated when a resident's condition changed. For example, the care plan of some residents who had experienced weight-loss had not been reviewed or updated following a change in their nutritional care needs. Consequently, their care plan did not reflect the nursing and medical interventions required to support their needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate health and social care professional support to meet their needs. Residents had a choice of general practitioner (GP) who attended the centre, as required or requested.

Services, including physiotherapy, tissue viability nursing expertise, speech and language, and dietetics were available through a system of referral.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

The provider did not act as a pension agent for residents. However, arrangements were in place to support some residents in managing their personal finances. There

were appropriate systems in place for the storage, safekeeping, and recording of residents personal finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected by staff. Residents had opportunities to participate in meaningful activities, in line with their interests and capacities. Residents were supported to access advocacy services as needed.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Thorpe's Nursing Home OSV-0000436

Inspection ID: MON-0050409

Date of inspection: 06/05/2026

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: All residents Individual risk assessments have been updated with action plans. System put in place to review same if there is change in condition or at every 4 months. New Care plan Audit commenced- all residents assessments and care plans are have been reviewed to meet the current condition. Audit schedule in place.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance issues identified during the inspection, including paint work, wear and tear and tiling have been identified and remedied. Storage arrangements have been reviewed, decluttered and now suitable storage is available. We will rearrange the twin rooms where issues have been identified and will ensure the privacy and dignity of both residents.	

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

A review of the Linin room and the holes contained therein has been carried our and has been remedied.
An audit of the Fire doors has been carried out, any defects will be remedied

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All residents' assessments and Care plans have been reviewed to meet the current condition. New Care plan audit in place and Weekly audit of sample care plans in place to ensure compliance with regulation.

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	01/10/2026
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	30/06/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/10/2026
Regulation 5(2)	The person in charge shall	Substantially Compliant	Yellow	30/06/2026

	arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/06/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/06/2026