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:	Lakes Nursing Home
Name of provider:	Elder Nursing Homes Ltd
Address of centre:	Hill Road, Killaloe, Clare
Type of inspection:	Unannounced
Date of inspection:	02 July 2026
Centre ID:	OSV-0000447
Fieldwork ID:	MON-0050849

About the designated centre

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

Lakes Nursing Home is a two-storey purpose-built centre designed to provide care for residents requiring continuing and short stay care including respite and convalescence. As a provider of high quality nursing care, we welcome the 'National Standards for Residential Care Settings for Older People in Ireland'. These standards will help to consolidate existing good practice whilst also identifying areas for development. We are committed to enhancing the quality of life of all our residents by providing inclusive, high-quality, resident-focused 24-hour nursing care, catering, service and activities. Lakes Nursing Home can accommodate a maximum of 57 residents. There are 47 single rooms available with en-suite toilet facilities as well as five double rooms with en-suite toilet facilities. A number of shared shower rooms are available. There is stairs and lift access to the first floor. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the unit. Care is provided for people with a range of needs: low, medium, high and maximum dependency. We employ a professional staff consisting of registered nurses, care assistants, maintenance, and laundry, housekeeping and catering staff. Prior to admission, a pre-admission assessment shall be undertaken in the resident's home or transferring facility, by a member of the residential home's nursing staff. Care plans will be established and reviewed through inclusion of families and residents supported by the community services on referral. Resident records are stored on a secure computer system and also in filing cabinets. The activities coordinator meets new residents to plan an individual activities programme. Residents are encouraged to keep up their social/leisure interests after admission, for example, gardening, painting, knitting, quiz, music, media access, beauty and hair therapy. Day trips are also organised occasionally. Arrangements can be made for residents to go shopping or attend other activities outside the nursing home; these may incur some extra costs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 2 July 2026	10:10hrs to 17:55hrs	Rachel Seoighthe	Lead
Thursday 2 July 2026	10:10hrs to 17:55hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Overall feedback from residents living in the centre was positive, and staff were described as 'fantastic'.

Upon arrival to the centre, inspectors were greeted by a member of staff. Following an introductory meeting with the person in charge, inspectors spent time walking through the centre, giving an opportunity to meet with residents and staff.

The designated centre is a purpose-built, two-storey facility which is located in a residential area of Killaloe, Co. Clare. The centre is laid out over two floors, with stairs and passenger lift access between floors. Resident private and communal accommodation is located on both floors of the centre. Resident bedroom accommodation consisted of 47 single rooms and five double bedrooms, with ensuite facilities. The centre is registered to provide care to 57 residents. There were 45 residents living in the centre on the day of inspection.

In the morning time, some residents were observed relaxing in the communal areas, and some were in the process of getting ready for the day. The atmosphere in the centre was calm and relaxed. Inspectors spoke with residents who they had met on previous inspections, and with residents who had moved into the centre in recent months. Resident feedback was generally positive regarding the quality of the service. Inspectors overheard friendly conversations between residents and staff, and the nursing and care staff who spoke with inspectors appeared to be knowledgeable of residents' individual needs and preferences.

Some residents explained how they preferred to spend their day, either in the communal areas, or relaxing in their bedrooms. Inspectors observed that many residents had personalised their bedrooms with ornaments, photographs and other items of significance. Call bells and televisions were available in all resident bedrooms.

Previous inspections of the centre had found that the care environment was in a poor state of repair. A restrictive condition was attached to the centres registration, requiring the provider to cease admissions and transfers of residents into the centre, until the premises was brought into compliance with the regulations. As inspectors walked through the centre, they observed that refurbishment works were ongoing in resident private and communal accommodation areas. Inspectors noted that shower and commode chairs were being stored in a resident assisted bathroom, when not in use, and sink surfaces in several resident bedrooms were discoloured. Inspectors noted that floor covering had been replaced throughout the centre, and a number of resident bedrooms had been fully redecorated. Inspectors were informed by the

management team that the ongoing refurbishment works included paintwork and the replacement of joinery in many areas of the centre.

Inspectors observed that residents had access to a number of communal areas including two sitting rooms on both floors, and a dining room located on the ground floor. Inspectors noted that group activities were facilitated in the dayroom on the ground floor, and residents were encouraged to attend a yoga activity in the afternoon. Visitors were observed being welcoming into the centre throughout the day of inspection. There were sufficient space available for residents to meet with their friends and families in private, or communal rooms. Inspectors had an opportunity to speak with a small number of visitors and heard positive feedback regarding the quality of the service provided.

Some residents preferred to spend time outside of the centre. The secure outdoor garden was easily accessible for residents to go outdoors independently or with support from staff, if required. Inspectors noted that the garden was tidy and well-maintained.

Information regarding advocacy services was displayed in the centre, and residents were supported to access this service, if required.

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

Capacity and capability

This was an unannounced inspection conducted by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). The Chief Inspector had received an application to remove restrictive conditions from the centres' registration, in relation to the premises and the admission of residents to the centre. Inspectors reviewed the detail of this application on this inspection. Inspectors also followed up on the actions taken to address the findings of the previous inspection in March 2026, in relation to assessment and care planning, protection, training and supervision, the premises, and governance and management.

Following repeated non-compliance with Regulation 17: Premises over a number of inspections, a restrictive condition was attached to the registration of the centre in March 2024, requiring that works to the premises be completed by 31 July 2024, to ensure that the centre was maintained in a good state of repair, and to ensure that the care environment was safe and suitable for resident needs. On the request of

the provider, several applications to extend the date for the completion of works to the premises had been granted by the Chief Inspector.

The most recent inspection of the centre in March 2026, found that the provider was in breach of the condition of registration, as they had had failed to complete the works to the premises, within the required time-frame. In response to the regulatory breach, a second restrictive condition was placed on the centres' registration by the Chief Inspector, requiring the provider to cease the admissions and transfers of residents into the centre, until the care environment was brought into compliance with the regulations. In June 2026, the provider submitted an application to the Chief Inspector, requesting the removal of the restrictive conditions detailing that all works had been completed. Following this inspection, where inspectors identified some outstanding refurbishment works, the Chief Inspector engaged with the provider, to advise that the restrictive conditions would remain on the centres' registration, until refurbishment works were fully completed in the centre.

The centre was operated by Elder Nursing Homes Limited, who were the registered provider for The Lakes Nursing Home. Mowlam Health Services Unlimited Company provided operational oversight of the service. The person in charge worked full-time in the centre and they had senior clinical support from a director of care services and a healthcare manager. There was a vacancy for a full-time clinical nurse manager and a senior staff nurse was appointed to fill this role on an interim basis. There were deputising arrangements in the absence of the person in charge. A team, including registered nurses, healthcare assistants, activities coordinators, household, catering, administration, maintenance and catering staff made up the staffing compliment.

At the time of the inspection, there were vacancies for four full-time nurses and two healthcare assistants. Records demonstrated that recruitment was ongoing to fill these posts. Agency staff were used to supplement the roster on a daily basis. Inspectors found that the staffing number and skill mix on the day of inspection were appropriate to meet the care needs of the 45 residents living in the centre. There were a minimum of two nurses on duty every day. A review of the centres' training records demonstrated that staff were facilitated to attend training programmes in fire precautions, patient moving and handling and safeguarding vulnerable persons.

There were management systems in place to oversee the service and the quality of care, however, some of the systems in place did not ensure that the service provided was effectively monitored. For example, an infection control audit completed two days prior to the inspection did not identify issues in relation to storage of equipment in assisted bathrooms, or the discolouration of sinks in resident toilets. Furthermore, the provider had committed to the completion of monthly care plan audits following the previous inspection of the centre in March 2026, however, inspectors found that this action had not been implemented at the time of inspection.

An electronic record of all accidents and incidents involving residents that occurred in the centre was maintained. Records showed that notifications required to be

submitted to the Chief Inspector were done in accordance with regulatory requirements.

A sample of staff files were reviewed and contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff.

Regulation 15: Staffing

There were 45 residents living the centre on the day of inspection. The number and skill mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by inspectors demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices, and the safeguarding of residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not ensured that the staffing resource was sufficient to provide care and services, in line with the centres' statement of purpose. A review of staffing in the centre found that the nursing resources available were not line with the centres' statement of purpose and there was an ongoing reliance on agency staff to supplement rosters.

Some of the management systems in place to ensure that the service was safe and effectively monitored were not fully effective. This was evidenced by inadequate oversight of assessment and care planning, and infection control.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors found that the standard of health and social care provided to residents living in the centre was a satisfactory quality. Residents health care needs were met through regular assessment and review by their general practitioner (GP). Residents were also referred to health and social care professionals. There was a programme of activities in the centre, and residents were supported to attend activities in the locality. The provider had taken action to bring protection into regulatory compliance, and residents reported feeling safe in the centre. However, this inspection found that assessment and care planning, premises and fire precautions were not fully aligned with the requirements of the regulations.

The centre had an electronic care record system. Residents had a comprehensive assessments of their needs completed prior to admission to the centre, to ensure the service could meet their health and social care needs. Inspectors viewed a sample of files of residents with a range of needs and found that while care plans were developed following a comprehensive assessment of needs, some care plans were not always reviewed at appropriate intervals, and as a result, recommendations by allied health professionals were not always implemented.

The design and layout of the premises was generally suitable for the centre's stated purpose and function. The centre was found to be well-lit and warm. Residents' bedroom accommodation was individually personalised. Some areas of the centre were in a poor state of repair, including decor in some of the resident bedrooms. A programme of maintenance and reburbishment work was ongoing.

The use of restrictive practices was monitored on a continuous basis and work was ongoing to ensure that restrictive practices were minimal. There were arrangements in place to support residents that exhibited responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment). Care plans were developed for these residents, which outlined appropriate, and person-centred de-escalation strategies to guide staff.

Measures were in place to safeguard residents from abuse. Staff had completed up-to-date training in the prevention, detection and response to abuse. Records demonstrated that any suspected or alleged safeguarding concerns were investigated by the person in charge and a review of resident care records found that detailed safeguarding plans were developed for a number of residents.

Regulation 17: Premises

There were areas of the centre which did not align fully with the Schedule 6 of the regulations:

- Surfaces including wall paintwork, wooden skirting, doors and door frames in some resident bedrooms and ensuite bathrooms was worn and damaged, and as such did not facilitate effective cleaning.
- Sink surfaces in several resident bedrooms were discoloured, and some hand hygiene sinks were visibly unclean.
- Locks were missing on several resident bedroom doors and privacy curtains in one shared bedroom did not provide full coverage.

There was insufficient storage space for resident equipment:

- Shower and commode chairs were being stored in a resident assisted bathroom, when not in use.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors found that some residents' care plans were not reviewed or updated to reflect their changing needs. For example:

- Records of nutritional risk assessments showed that three residents had sustained unintentional weight loss. While referrals were made to dietetic services, resident care plans were not updated with the recommendations made. This posed a risk that appropriate care interventions would not be implemented by nursing staff, to ensure that residents nutritional needs were met.
- A resident with complex care needs, for whom a treatment had been discontinued, did not have this information recorded in their care plan.
- Two residents who had assessed skin integrity needs, did not have this information recorded in their care plan. This posed a risk that the residents care needs would not be communicated to staff and managed appropriately, to prevent further deterioration.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Residents who experienced responsive behaviours received appropriate care. Staff had up-to-date knowledge to support residents to manger their responsive behaviours.

The provider promoted a restraint-free environment in the centre in line with local and national policy. The provider had regularly reviewed the use of restrictive practices to ensure appropriate usage.
Judgment: Compliant
Regulation 8: Protection
There were systems in place to safeguard residents and protect them from the risk of abuse. 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. Records showed that safeguarding care plans were developed when required and detailed additional supportive interventions in place to protect residents.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Lakes Nursing Home OSV-0000447

Inspection ID: MON-0050849

Date of inspection: 02/07/2026

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: • The Person in Charge (PIC) will ensure that there are always appropriate staffing levels available to ensure the safe and effective operation of the centre and to ensure that residents' care needs are met. • There is an active recruitment programme under way to fill vacant posts with suitably qualified staff, supported by the Human Resources (HR) Department. The PIC meets with HR each month to review the status of recruitment. • The PIC will complete a risk assessment and add it to the center's Risk Register in relation to the contingency planning for the management of agency staff and the recruitment of staff to fill vacant posts. This contingency plan will focus on the need to always prioritise resident care. • The PIC and Healthcare Manager (HCM) will review any staff shortages to ensure that they identify risks and allocate staff appropriately throughout the centre. • The PIC will ensure that duties are delegated appropriately, that staff are appropriately deployed throughout the centre, and will provide support to staff and residents and ensure that the skill mix of staff facilitates the provision of person-centred care. • The PIC, supported by the HCM, will continuously monitor the roster to ensure it is updated to reflect any changes to personnel. • The PIC will liaise with the approved agencies to ensure that wherever possible the same agency staff return regularly as required, which will ensure consistency so that agency staff become familiar with the environment, residents and their families and the staff in the centre; and they will understand the workflow. • The PIC will be available, visible and accessible to staff, residents and families, and will ensure that staff are effectively supervised' and will provide guidance and direction as required to ensure that the standards of assessment, care planning and infection control are maintained at a high level.	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• A comprehensive programme of decorative works has been undertaken throughout the centre, including wall paintwork, wooden skirting, worn and damaged doors and door frames in some resident bedrooms and ensuite bathrooms and all surfaces can now be cleaned effectively.
• All sinks and wash hand basins in the centre have been thoroughly cleaned and will be maintained to a high standard of cleanliness; this will be overseen by the PIC.
• Locks that were missing on several resident bedroom doors have been replaced, and all privacy curtains in shared bedrooms now provide full coverage.
• Resident equipment is now stored safely and appropriately when not in use.

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:

• The PIC will ensure that residents' care plans are reviewed at a minimum of every 4 months or whenever there is a change in their clinical condition to reflect their changing needs.
• The PIC will ensure that appropriate referrals are made to allied healthcare professionals as required in response to care needs, including referrals to dietetics in response to unintentional weight loss. Care plans will be updated with the recommendations made which will ensure that appropriate care interventions will be implemented by nursing staff so that residents' nutritional needs are met.
• We will monitor care plans to ensure that accurate information is recorded to indicate all current treatment regimens and care requirements.
• The PIC will ensure that all specific care needs are communicated effectively to staff and will monitor compliance with skin integrity care plans.

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	30/11/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/11/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe,	Substantially Compliant	Yellow	30/11/2026

	appropriate, consistent and effectively monitored.			
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	30/09/2026