



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Abbot Close Care Centre
Name of provider:	Abbot Close Nursing Home Ltd
Address of centre:	St. Marys Terrace, Askeaton, Limerick
Type of inspection:	Unannounced
Date of inspection:	31 October 2025
Centre ID:	OSV-0004682
Fieldwork ID:	MON-0048749

About the designated centre

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

Abbott Close Nursing Home is part of the Windmill group of nursing homes. It is a purpose built nursing home which opened in 2006 and is registered to provide care to 65 residents. It has 47 single bedrooms and nine twin bedrooms, all of which are en-suite. The centre includes spacious dining facilities, lounge areas and gardens. There is a dedicated dementia specific wing, with its own dining and lounge facilities as well as an enclosed private garden and walkway.

Abbott Close Nursing Home provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care.

The aims and objectives of care, as set out in the statement of purpose, are to provide quality care for all the residents and to ensure all services are delivered to the highest standard. The ethos of care is to promote residents' dignity, individuality and independence and to assist residents to maintain their goals and objectives. The centre aims to ensure that residents are nurtured and cared for in a warm, safe, friendly and homely environment.

The centre provides 24-hour nursing care. The nurses are supported by care, catering, household and activity staff. Medical and 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:	63
--	----

How we inspect

To prepare for this inspection the inspector or 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
Friday 31 October 2025	10:00hrs to 17:45hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

The inspector found that Abbot Close Care Centre was a well-run nursing home where residents' care needs were met to a high standard. The residents that spoke with the inspector praised the staff team, as well as the quality of food and the centre's activity programme.

This was an unannounced inspection that was carried out over one day. On arrival to the centre, the inspector was greeted by an assistant director of nursing. Following an introductory meeting, the inspector completed a walk around the centre. At this time, many residents were observed to be seated in the foyer, the adjacent dining room and other communal areas. Some residents were being assisted by staff in their bedrooms, as they got ready for the day ahead. Residents appeared to be content and relaxed as they engaged with one another or mobilised around the nursing home. Staff providing assistance to residents did so in a prompt and kind manner.

Abbot Close Care Centre is a purpose-built, two-storey nursing home which accommodates up to 65 residents in 47 single and nine twin bedrooms, with ensuite facilities. Sixty-three residents were accommodated in the centre on the day of the inspection.

Residents spoke positively about their experience of living in the centre. They told the inspector that staff were kind and attentive, saying "they are so good, they really make an effort" and "I just press the call bell and they come straight away".

Residents also complimented the quality of the services provided to them. A number of residents expressed confidence that if they wished to make a complaint, it would be addressed promptly by the person in charge.

A varied programme of activities was available to residents, including games, arts and crafts, mass and exercise classes. Activity staff also carried out activities with residents on a one-to-one basis. Staff encouraged residents to engage with the activities in line with their own capacities and capabilities. Residents were observed enjoying these activities throughout the day of the inspection. Residents were complimentary of the activities programme, telling the inspector "there is plenty to do because there are activities every day, like arts and crafts or music". Residents told the inspector that outings took place throughout the year, and a number of residents spoke about being facilitated to regularly visit family or visit their local communities.

The inspection took place on Hallowe'en. The centre had been decorated throughout, and many staff members had dressed up in costumes. On the afternoon of the inspection, a concert took place in a large communal area, which was attended by lots of residents and some visitors. Many residents had also dressed in

costumes for the concert, with some taking the opportunity to perform songs while staff played musical instruments.

Residents' dining experiences were observed to be social and relaxed occasions. The inspector observed that the food was well-presented and served promptly to residents, in line with their preferences and assessed needs. Residents who required supervision or assistance during their meals were supported in a respectful and unhurried manner. Apart from main meals, residents were served a variety of snacks and drinks throughout the day. For example, the inspector observed residents being offered Hallowe'en-themed cakes and treats that had been baked by the catering staff during the inspection.

Residents' bedrooms were clean, tidy and well-maintained. Bedrooms were personalised with residents' belongings such as photos, artwork and ornaments. Residents told the inspector that they had sufficient storage for their clothes and personal possessions.

There were no visiting restrictions in place, and visitors were observed coming and going to the centre on the day of inspection. The inspector spoke with a number of visitors who were very satisfied with the care provided to their loved ones.

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 Centres for Older People) Regulation 2013 (as amended). The inspector followed up on solicited and unsolicited information received by the Chief Inspector since the last inspection.

The findings of this inspection were that the provider had a well-established and effective management structure which ensured that good quality, person-centred care was provided to the residents of Abbot Close Nursing Home. The centre had sufficient resources to effectively deliver this care to residents.

The registered provider of the nursing home was Abbot Close Nursing Home Limited. The registered provider was progressing with a planned programme of maintenance works in the centre, such as the replacement of floors in various areas of the centre. Additionally, some structural changes had been recently made to administrative offices and service areas. The registered provider had submitted an application to the Chief Inspector to ensure the conditions of the designated centre's registration reflected these changes.

A director of Abbot Close Nursing Home Limited represented the provider entity. An operations manager and a quality and safety manager participated in the management of the centre, and maintained a regular presence in the centre. The person in charge worked full-time in the centre. A team of assistant directors of nursing (ADONs) and clinical nurse managers (CNMs) supported the person in charge to supervise staff and to monitor the quality of the service. The remainder of the staff team comprised nurses, health care assistants, catering, housekeeping, activity, administrative and maintenance staff. The staff that spoke with the inspector were aware of the lines of authority and accountability within the organisational structure.

There were established management systems in place to monitor the quality and safety of the service provided to residents. Key aspects of the service that included resident assessments and care planning, restrictive practices, nutrition and resident falls were monitored and subject to frequent auditing to identify areas for continuous quality improvement.

Meetings amongst the management team took place regularly to discuss key elements of the quality and safety of the service. Meetings with various staff teams also occurred frequently to ensure that important information was communicated effectively. Records of these various meetings were maintained by the management team and were available for review.

On the day of the inspection, the staffing levels and skill mix were observed to be appropriate to meet the assessed health and social care need of the residents accommodated in the centre. A number of residents with complex care needs required enhanced support at the time of the inspection, and the inspector found that the registered provider ensured that staff were appropriately allocated to residents, in line with their assessed care needs. Rosters were available for review and reflected the configuration of staff on duty on the day of the inspection.

All staff were facilitated to attend training appropriate to their role, such as fire safety, moving and handling procedures, safeguarding of vulnerable people, and infection prevention and control. Additional training was also provided in areas such as dementia care and cardiopulmonary resuscitation (CPR). Staff who spoke with the inspector were knowledgeable regarding the training they had completed to date.

There were systems in place to ensure that all staff received appropriate levels of supervision and support. Newly recruited staff completed an induction programme, which included training and competency assessments. Appraisals of staff performance were completed annually.

The inspector reviewed a sample of staff files. These contained all of the information and documentation required by Schedule 2 of the regulations, including evidence of An Garda Síochána vetting disclosures and registration with the Nursing and Midwifery Board of Ireland (NMBI).

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. There was evidence that feedback from resident surveys were dealt with through the complaints process to ensure that any areas of improvement were appropriately addressed, to the satisfaction of the resident.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider had submitted an application to vary Condition 1 of the registration of the designated centre. The prescribed documentation had also been submitted as required.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, the staffing levels and skill-mix were appropriate to meet the assessed needs of residents, in line with the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Training records demonstrated that all staff were up-to-date with training in moving and handling procedures, fire safety and the safeguarding of residents from abuse. Other training was completed by staff, as needed.

Staff were appropriately supervised to ensure that the care needs of residents were met, in line with their assessed needs.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents for the designated centre. This contained all of the information required by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The centre's management systems effectively monitored the quality and safety of the service. The provider had established a clearly defined management structure that identified the lines of authority and accountability. The centre was sufficiently resourced to ensure the delivery of care, in accordance with the centre's statement of purpose.

The provider had completed an annual review of the quality and safety of care provided to residents in 2024.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge had notified the Chief Inspector of any incident required by Schedule 4 of the regulations within the required time-frames.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints log found that complaints were managed and responded to, in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that residents experienced a good quality of life in the centre, and that their individual health and social care needs were being met by the registered provider. Residents were satisfied with their access to health care and reported feeling safe and content living in the centre.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. Communal areas and bedrooms were comfortably furnished and well-maintained.

There were systems in place to monitor and respond to risks that had the potential to impact on the safety of residents. The registered provider maintained risk management systems, which were informed by an up-to-date risk management policy. A risk register was maintained. There were arrangements in place for the identification and recording of incidents. There was evidence that root-cause analysis was completed by the person in charge in relation to specific incidents, and created action plans to address any areas of improvement that were identified.

An electronic nursing documentation system was in place. Residents' care and support needs were assessed using validated assessment tools, that informed the development of care plans. Care plans viewed by the inspector were person-centred and reflected residents' assessed needs. These were reviewed and updated on a four-monthly basis or more frequently, if required.

Residents had access to medical assessments and treatment through their General Practitioner (GP). Residents also had access to a range of health and social care professionals such as a physiotherapist, an occupational therapist, a dietitian, speech and language therapy, tissue viability nursing, psychiatry of later life and palliative care. Records evidenced that the recommendations of health and social care professionals were implemented and reviewed to ensure best outcomes for residents.

The centre had arrangements in place to support the provision of compassionate end-of-life care to residents in line with their assessed needs and wishes. Records reviewed evidenced that the centre had access to specialist palliative care services for additional support and guidance, if needed.

Residents' rights were protected and promoted, and their individual choices and preferences were respected by staff. Residents were supported to express their feedback on the quality of the service, which was responded to by the management team. Residents were had access to independent advocacy services, if needed.

Regulation 10: Communication difficulties

There were systems in place to support residents with additional communication needs, including the use of specialist communication equipment.

Judgment: Compliant

Regulation 11: Visits

There were flexible arrangements in place to support residents to receive visitors. Residents could meet with visitors in their bedroom, a dedicated visitors' room, or in communal areas.

Judgment: Compliant

Regulation 12: Personal possessions

There was sufficient space available in residents' bedrooms to ensure they could safely store their clothing, belongings and other personal possessions.

Judgment: Compliant

Regulation 13: End of life

There were systems in place to ensure residents approaching the end of life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that when a resident was temporarily absent from the centre for treatment, all relevant information was provided to the receiving service. Key information was obtained from this service upon the resident's return to the centre.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had developed a risk management policy which described the measures and actions in place to mitigate any risks identified, including the specified risks set out in the regulations.

There were arrangements in place for the identification, recording and investigation of serious incidents or adverse events, as well as the implementation of any subsequent corrective actions.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed within 48 hours of admission to the centre, and regularly thereafter. The assessments were used to inform the development of care plans, which reflected the residents' respective needs. Care plans were reviewed every four months, or more frequently if required.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. A referral system was in place for residents to access health and social care professionals such as physiotherapists and dietitians.

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 support and guidance in recognising and responding to allegations of abuse.

The registered provider ensured that there were appropriate arrangements in place to manage residents' finances in line with best practice guidelines, including pension and social welfare payments.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunities to participate in meaningful activities, in line with their interests and capacities. Residents were supported to access advocacy services if they so wished.

Residents' rights and choices were promoted and respected by staff. There were arrangements in place to ensure that their privacy and dignity was maintained at all times.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant