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:	Terenure Nursing Home
Name of provider:	Willoway Nursing Home Limited
Address of centre:	122 Terenure Road West, Terenure Road, Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	11 March 2025
Centre ID:	OSV-0000047
Fieldwork ID:	MON-0045527

About the designated centre

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

Terenure Nursing Home is located close to Terenure, and is serviced by a number of bus routes. The centre can accommodate 47 male and female residents, over the age of 18. There is a combination of single and shared accommodation. Some bedrooms have their own en-suite facilities. The accommodation is spread over two floors, and there is a courtyard and garden to the rear of the property. 24-hour nursing care is provided for residents. Palliative, respite and convalescent care is available in the centre. There are a variety of recreational activities available in the centre, and outings are often organised to various places of interest in the community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25

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 11 March 2025	08:45hrs to 15:40hrs	Mary Veale	Lead
Tuesday 11 March 2025	10:00hrs to 15:40hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day by two inspectors. Over the course of the day, the inspectors spoke with residents and staff to gain insight into the residents' lived experience in the centre. All residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. The inspectors spent time observing the environment, interactions between residents and staff, and reviewing various documentation. From the observations of inspectors and from speaking with residents, it was evident that residents were supported by a kind and dedicated staff and management team who treated the residents with courtesy, dignity and respect.

Terenure Nursing Home is a two storey designated centre registered to provide care for 26 residents. There were 25 residents living in the centre on the day of inspection. Building works were progressing in the centre to enhance the residents bedroom accommodation and to ensure the provision of adequate communal and dining space. Phase 1 works had been completed on the first floor and phase 2 works were nearing completion on the ground floor.

There was a choice of communal spaces on the ground floor and first floor which were seen to be used thought out the day by residents. For example; the ground floor contained a dining room, the first floor contained a day room and two smaller communal rooms. Access to the first floor was by stairs or elevator. Bedrooms comprised of both single and double occupancy bedrooms, some with en-suite facilities and others with shared toilet facilities. Residents' bedrooms were clean, suitably styled with adequate space to store personal belongings. Residents were encouraged to decorate their bedrooms with personal items of significance, such as photographs and personal items.

Residents were observed not to have access to outdoor space on the day of inspection. The door to an enclosed garden patio area to the rear of the centre was observed to be locked. This is discussed further in this report under Regulation 9: Residents rights.

As the inspectors walked through the centre, residents were observed to be content as they went about their daily lives. The inspectors spent time observing staff and residents' interaction. Residents sat together in the communal rooms chatting, participating in arranged activities, or simply relaxing. Other residents were observed sitting quietly, observing their surroundings. Residents were relaxed and familiar with one another and their environment, and were observed to be socially engaged with each other and staff. A small number of residents were observed enjoying quiet time in their bedrooms. It was evident that residents' choices and preferences in their daily routines were respected.

Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were

supported by staff throughout the day. Staff who spoke with the inspectors were knowledgeable about the residents and their needs. While staff were seen to be busy attending to residents throughout the day, the inspectors observed that staff were kind, patient, and attentive to their needs. There was a very pleasant atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff.

The inspectors chatted with a number of residents about life in the centre, who spoke positively about their experience. Residents commented that they were very well cared for, comfortable and happy living in the centre. Residents stated that staff were kind and always provided them with assistance when it was needed. Residents said that they felt safe, and that they could speak with staff if they had any concerns or worries. There were a number of residents who were not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

A range of recreational activities were available to residents, which included exercise sessions, movies, music and bingo. The centre employed activities staff who facilitated group and one-to-one activities throughout the day. Residents told the inspectors that they were free to choose whether or not they participated. On the day of the inspection, the inspectors observed residents watching live-streamed Mass and enjoying an interactive arts and crafts session. The inspectors observed that staff supported residents to be actively involved in activities, if they wished. Residents also had access to television, radio, newspapers and books.

The residents had access to adequate quantities of food and drink. Residents were offered a choice of wholesome and nutritious food at each meal, and snacks and refreshments were available throughout the day. Residents were supported during mealtimes, those residents who required help were provided with assistance in a respectful and dignified manner. Residents were complimentary about the catering staff and the quality of the food provided in the centre.

A laundry service was provided for residents, in another designated centre which was part of the Grace Healthcare Group. All residents' whom the inspectors spoke with on the day of inspection were happy with the laundry service. The centre had contracted its bed linen and towels laundry service to a private provider.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

There were effective governance and management arrangements in place, which ensured residents received a good quality of care and support, from a team of staff who knew them well. This was an unannounced inspection carried out to monitor

compliance with the regulations and standards and to follow up all statutory notifications received by the Chief Inspector of Social Services since the previous inspection.

The registered provider for Terenure Nursing home is Willoway Nursing Home Limited. This company is part of the Grace Healthcare (Holdings) Ireland Limited group. The company had two directors, one of whom is involved in the day to day operations of the centre. There had been a change in the person in charge since the previous inspection. The person in charge worked full-time Monday to Friday in the centre and was supported by a team of staff nurses, healthcare assistants, housekeeping, an activities co-ordinator, catering, and maintenance staff. At the time of inspection there was a vacant clinical nurse manager post which was in the process of been recruited. The person in charge was supported by a regional operations manager & a quality and compliance manager. The person in charge was also supported by shared group departments, for example, finance and human resources.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and the person in charge had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and the inspectors noted that training was mostly up to date. Staff with whom the inspectors spoke, were knowledgeable regarding safeguarding and infection prevention and control procedures.

The inspectors viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. Governance meetings took place each month, staff meetings and health and safety meetings took place quarterly in the centre. There was evidence of on-going communication between residents and their families of the on-going building and refurbishment works to the ground floor. The person in charge completed a key performance indicator (KPI) report which was discussed with the regional operations manager. There was evidence of trending of incidents, infections and antibiotic use which identified contributing factors such as the location of falls and times of falls, and types of infections and recurrence. Since the previous inspection, falls audits, care planning audits, medication audits, infection prevention control audits, and antibiotic use audits had been completed. A detailed annual review for 2024 was available, it outlined the improvements completed in 2024 and improvement plans for 2025.

Records and documentation, both manual and electronic, were well-presented and organised which supported effective care and management systems in the centre. The inspectors reviewed staff files which contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available for each member of staff in the designated centre. However; improvements were

required in the centre's staff personnel files and this is discussed further under Regulation 21: records.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required timeframes. The inspectors followed up on incidents that were notified since the previous inspection and found these were managed in accordance with the centre's policies.

The inspectors reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents who spoke with the inspectors were aware of how to make a complaint and to whom a complaint could be made.

Regulation 14: Persons in charge

The person in charge was newly appointed; he was full time in post and had the necessary qualifications and experiences as required in legislation. He was involved in the operational management and the day-to-day running of the service.

Judgment: Compliant

Regulation 15: Staffing

From a review of staff rosters, feedback of residents and observation on inspection, there were adequate staff to the size and layout of the centre and the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 21: Records

The record management system in place did not always ensure that records were maintained in line with the requirements set out in Schedule 2 of the regulations. For example;

- Two staff records did not contain the required up-to-date employment history.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There were action plans in place where action was required to drive improvement, and the actions were allocated to a named person. Records showed clearly if actions had been completed, or were ongoing.

There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care. The arrangements in place to safely manage the building works in the centre were effective, and residents and thier families were being kept up to date on progress.

Judgment: Compliant

Regulation 30: Volunteers

Volunteer's attended the centre to enhance the quality of life of residents. Volunteers were supervised and had Garda vetting disclosures in place. Their roles and responsibilities were set out in writing.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspectors

followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Quality and safety

Overall, the inspectors were assured that residents living in this centre enjoyed a good quality of life. Staff were seen to be respectful and courteous towards residents. There were good positive interactions between staff and residents. On this inspection some further improvements were required to comply with the areas of care planning and residents rights.

The inspectors viewed a sample of residents' notes and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Care plans viewed by the inspectors were generally person-centred, routinely reviewed and for the most part updated in line with the regulations. Improvements were required in care planning, this is discussed further under Regulation 5.

Residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required. The centre had access to GP's from local practices and the person in charge confirmed that GP's called to the centre. Residents had access to a mobile x-ray service referred by their GP which reduced the need for trips to hospital. Residents had access to nurse specialist services such as community mental health nurses, specialist nurse, and tissue viability nurses. Residents had access to local dental and pharmacy services. Residents who were

eligible for national screening programmes were also supported and encouraged to access these.

There was policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre. There was evidence that staff had received training in managing behaviour that is challenging. Residents' had access to psychiatry of later life. There was a clear care plan for the management of resident's responsive behaviour, and it was evident that the care plan was being implemented. The use of bed rails as a restrictive device was kept to a minimum. Bed rails risk assessments were completed, and the use of restrictive practice was reviewed regularly. Less restrictive alternatives to bed rails were in use such as low beds. The entrance door to the ground floor reception area was locked. The intention was to provide a secure environment, and not to restrict movement.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. All interactions by staff with residents were observed to be respectful throughout the inspection. Residents reported that they felt safe living in the centre. The centre acted as a pension agent for a small number of the residents. There were robust accounting arrangements in place and monthly statements were furnished.

There were staff assigned to the provision of social activities in the centre. Residents were provided with recreational opportunities, including games, music, exercise, bingo and art. Arrangements were in place for consulting with residents in relation to the day to day operation of the centre. Inspectors notes the staff were engaged with residents throughout the day, and were keeping people occupied both in organised activities, and then more socially at other times. Resident feedback was sought in areas such as activities, meals and mealtimes and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the reception area. Residents had access to local and national newspapers, televisions and radios. Notwithstanding these good practices, further improvements were required to the residents choice to access outdoor space which is discussed further under Regulation 9: Residents rights.

Regulation 5: Individual assessment and care plan

Action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- Discrepancies were noted in a residents care plan for behaviours that are challenging.

- A resident's care plan was not updated following an incident of a fall.
- A sample of care plans viewed did not all have documented evidence to support if the resident or their care representative were involved in the review of their care in line with the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate, for example the dietitian, and physiotherapist. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up-to-date knowledge, training and skills to care for residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspectors reviewed a sample of care plans and saw that care plans, outlining individuals needs where available and set out how to support residents with responsive behaviour. The use of bed rails was monitored by the management team and alternatives to bed rails such as low low beds and crash mats were in use where appropriate. There was evidence of risk assessments when bed rails were in use.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' right to exercise choice was not always upheld by the registered provider in that residents did not have access to outdoor space on the day of inspection, as a door was locked, with a sign saying not to use the door. The main gardens were closed for access due to the building work taking place. Residents had fed back in the resident survey completed by the provider that they missed having access to the outdoor space. Lack of access to outdoor space could negatively impact the residents mental and physical well-being.

Judgment: Substantially 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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Terenure Nursing Home OSV-0000047

Inspection ID: MON-0045527

Date of inspection: 11/03/2025

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Any file with errors noted have been reviewed and documented rationale for gaps in CVs discussed and confirmed by staff. Written confirmation is now on file for these staff members. This was completed by 14/04/25. To address this issue moving forward, a strategy for revising the records of current employment history has been implemented. A form has been developed in collaboration with HR to ensure that any gaps in CVs are documented and verified with staff prior to commencement. All staff members will complete this form as part of recruitment process to guarantee that their employment history is current and to evaluate any gaps. This was introduced on April 14th 2025.	
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 care plans for any resident with behaviours that challenge have been reviewed to ensure that they are specific to each resident and their individual behaviours and de-escalation techniques appropriate to each resident. They were also educated to ensure that ABC charts are used consistently to assess any behaviour that challenges in line with their care plan. This was completed by April 19th 2025. All care plans for residents who experienced or at risk of falls have been reviewed and updated. All nurses have been educated in appropriate management and documentation for all residents post fall. This was completed by April 19th 2025. A full review was undertaken of all care plans to review those which had not been	

completed in collaboration with the resident or their families, since the inspection meetings have been held with all residents and their nominated representative if they so chose to inform them of care plans. This is documented in individual resident records. This was completed by April 19th 2025.

To ensure adherence to the above ongoing audits will be completed on monthly basis to oversee all changes and identify any issues in a timely manner. Audit findings are discussed at Local Management team meetings, Clinical Governance committee meetings and also shared with staff to promote understanding. This is in place since March 2025 with ongoing oversight.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: While it is acknowledged that on the day of the inspection access to the garden area was limited, this is as a result of ongoing refurbishment works to the centre. The Registered Provider is committed to ensuring safe access to outdoor spaces and any restriction as a result of the works is minimised as much as possible. Residents now have access to this space as the garden area has been restored. The door to the garden is now open with no limitations for residents to move through these spaces should they wish to do so. This was in place since April 25th 2025 in line with the Phased plan of works as submitted to HIQA.

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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	14/04/2025
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	19/04/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph	Substantially Compliant	Yellow	19/04/2025

	(3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	25/04/2025