



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:	25 February 2026
Centre ID:	OSV-0000047
Fieldwork ID:	MON-0044484

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 26 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:	38
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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 25 February 2026	08:50hrs to 15:15hrs	Mary Veale	Lead
Wednesday 25 February 2026	08:50hrs to 15:15hrs	Yvonne O'Loughlin	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 seven residents and met eight visitors during the inspection. Visitors expressed a high level of satisfaction with the quality of the care provided to their relatives and friends and many stated that their interactions with the management and staff were positive and they also commented on the low staff turnover. One of the residents said "they wouldn't live anywhere else as the staff were so kind and the environment was so pleasant". Another resident said that "I love the newly decorated sitting room as it has bright furniture and its very sunny". The inspectors spent time observing the environment, interactions between residents and staff, and reviewing various documentation. All interactions observed were person-centred and courteous. Staff were responsive and attentive without any delays while attending to residents' requests and needs.

Terenure Nursing Home is a two storey designated centre registered to provide care for 40 residents. Terenure Nursing Home is situated close to Terenure village and the suburb of Kimmage in Dublin. There were 38 residents living in the centre on the day of inspection. The provider had completed extension and refurbishment works. The ground floor had been extended to include a large day space. 13 of the ground floor bedrooms and six bedrooms on the first floor had been refurbished and reconfigured. Previous storage and toilet facilities had been reconfigured to a store room, office and toilet. The building works were completed to a high specification, bright and modern which enhanced the residents' bedroom accommodation and provided communal space that was inviting.

There was a choice of communal spaces on the ground floor and first floor which were seen to be used throughout the day by residents. For example; the ground floor contained a dining room, large day space and a visitor's room. The first floor contained a day room. Access to the first floor was by stairs or elevator.

Bedrooms comprised of both single and twin occupancy bedrooms, some with en-suite facilities and others with shared toilet facilities. Bedrooms which did not have access to an en-suite or shared bathroom had a wash hand basin. Residents' bedrooms were clean, suitably styled with adequate space to store personal belongings. A number of twin bedrooms had two wash hand basins. The majority of residents had personalised their bedrooms with photographs, ornaments and other personal memorabilia. The privacy and dignity of the resident's accommodation in the double rooms was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings.

Residents have access to an outdoor space at the rear of the centre. Residents could access the rear garden from this patio area. The rear garden had been renovated and had level paving, two deck areas and newly planted shrubs. The provider told

the inspectors that there was a plan to plant shrubs and bedding flowers into the garden space in March 2026. It was noted the outside grounds of the building to the front had been resurfaced.

The centre had one sluice on the ground floor for the reprocessing of bedpans and urinals. The second sluice on the second floor had been converted to a cleaning storeroom. This room was not set up sufficiently for housekeeping staff to prepare their equipment. This is discussed further under Regulation 27: Infection control.

Since the last inspection the provider had improved the premises in relation to maintenance and storage practices. On the day of the inspection the centre was well maintained and storage areas were tidy and clean. The centre was clean and bright on the day of inspection, and there was equipment available to meet resident's needs, such as hoists and wheelchairs. Resident's rooms and communal living areas were warm and odour free, however, on the day of the inspection the communal bathrooms had a strong smell from the drains this was addressed by maintenance on the day.

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. Residents spoke positively about their experience of living in the centre. 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, movies, music and bingo. The centre employed activities staff who

facilitated group and one-to-one activities throughout the day. Residents were complimentary of the activities provided and told the inspectors that they were free to choose whether or not they participated. On the day of the inspection, the inspectors observed residents attending a live-streamed Mass, enjoying a lively bingo session and an interactive quiz. 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 inspectors observed the lunchtime experience and found that the meals provided appeared appetising and served hot. Residents were complimentary of the food and confirmed that they were always afforded choice and provided with an alternative meal should they not like what was on the menu. Adequate numbers of staff were available and were observed offering encouragement and assistance to residents.

The centre provided a laundry service for residents. Residents said that their clothes were regularly laundered, returned to their rooms and that they did not have any complaints about the laundry service

Residents' views and opinions were sought through regular resident committee meetings. Residents said that they felt they could approach any member of staff if they had any issue or problem to be solved. In addition to resident committee meeting there had been frequent meetings with residents and their families to provide updates on the refurbishment and building works.

Friends and families were facilitated to visit residents. Visitors who spoke with the inspectors were very happy with the care and support their loved ones received.

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

The inspectors found that overall this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following inspection in May 2025. On this inspection, the inspectors found that areas of improvement were required in relation to the premises and infection prevention and control.

The registered provider had applied to renew the registration of Terenure Nursing Home. The application was timely made, appropriate fees were paid and prescribed documentation was submitted to support the application to renew registration.

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. The person in charge (PIC) worked full-time Monday to Friday in the centre and was supported by clinical nurse manager, a team of staff nurses, healthcare assistants, housekeeping, an activities co-ordinator, catering, and maintenance staff. The person in charge was supported by a regional operations manager. The person in charge was also supported by shared group departments, for example, quality & safety, finance and human resources.

Inspectors found that the centre had an adequate number of housekeeping staff to fulfill its infection prevention and control (IPC) needs. This observation was supported by reviewing staff rosters and through conversations with the housekeeping staff. There was a housekeeper rostered on each floor on the day of inspection. These staff members were knowledgeable in cleaning practices and processes with regards to good environmental hygiene and the impact of this was a clean and tidy centre.

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. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. There was a high level of staff attendance at training in areas such as safeguarding, fire safety, behaviours that are challenging, manual handling, and infection prevention and control. Staff with whom the inspectors spoke, were knowledgeable regarding infection prevention control and safe guarding procedures.

The provider had systems to oversee the centre's infection prevention and control (IPC) practices. The provider had one registered nurse nominated as the IPC link practitioner to guide and support staff in safe IPC practices and oversee performance. This staff member had not completed the national course, however, the provider had committed to the staff member doing so on the next available one.

Medications were found not to be stored securely in a store room on the first floor shortly after the inspector's arrival to the centre. This was brought to the attention of the PIC and nursing staff. An immediate compliance action was issued on the morning of this inspection to ensure that all medicines were securely stored in the centre. Inspectors were satisfied that all medicinal products were securely stored at 1pm on the day of inspection.

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 took place quarterly in the centre. There was evidence of meetings in 2025 with residents and their families to provide updates on the building and refurbishment works. 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 2025 was available, it outlined the improvements completed in 2025 and improvement plans for 2026

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 May 2025 inspection and found these were managed in accordance with the centre's policies.

Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner.

Judgment: Compliant

Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the residents' needs. There was a minimum of two registered nurse on duty at all times for the number of residents living in the centre at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, 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 by nurse management.

Judgment: Compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: 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 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.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

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

Quality and safety

Overall, inspectors found that residents received good quality care. Staff and resident interactions were kind and respectful, and staff had a clear understanding of residents' needs. Residents and visitors were complimentary about the centre and the care from the staff.

Improvements were noted in care planning since the previous inspection. 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 updated in line with the regulations and in consultation with the resident.

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. 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 local dental and pharmacy services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

Improvements were found to the premises since the previous inspection. All bedrooms had number signage and access to lockable storage space. The inspectors found that the overall premises were designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had space for their belongings. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained. However, some issues remained outstanding to the premises. This is discussed further under Regulation 17: Premises.

Clinical hand wash basins that met the required specifications were available for staff to wash their hands and alcohol gel dispensers were located outside residents' rooms. The centre was clean and tidy on the day of the inspection.

There had been no outbreaks of notifiable infections detected in 2025 to date. Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. Appropriate use of personal protective equipment (PPE) was observed during the course of the inspection. However, some issues were identified which may impact the effectiveness of infection prevention and control. Details of issues identified are set out under Regulation 27. Infection control.

Inspectors identified some examples of good antimicrobial stewardship (AMS) practice. The volume of antibiotic use was monitored each month which enabled easy trending. There was a low level of prophylactic antibiotic use within the centre, which is good practice.

All staff had An Garda Síochána (police) vetting disclosures on file. Staff had completed safeguarding training. Staff spoken with were clear about their role in protecting residents from abuse and 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 between staff and residents were observed to be respectful throughout the inspection. Residents reported that they felt safe living in the centre. The provider was acting as a pension agent for one resident living in the centre. Records reviewed found the pension was paid into a separate residents' client account to ensure residents' finances were safeguarded. The provider also audited the balances of the account on a regular basis in line with the centre's policies. The provider did not hold quantities of monies or valuables in safe keeping for residents.

Residents' rights, and choices were respected. Resident forum meetings were held on a monthly basis. These meetings ensured the residents were kept up to date and participated in the organisation of the centre. They also offered residents an opportunity to provide feedback or suggestions and how to improve the service provided to them, for example, 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 centre and records demonstrated that this service was made available to residents if needed. Staff were employed in the centre to facilitate a programme of structured activities, these included music, exercise, pet therapy and mass. Residents has access to national and local newspapers, Internet services, books, television, and radio. Resident and family satisfaction surveys showed high rates of satisfaction with all aspects of the care and service.

Regulation 11: Visits

Arrangements were in place for residents to receive visitors. The centre had arrangements in place to ensure the ongoing safety of residents. There was suitable private spaces for residents to receive a visitor if required.

Judgment: Compliant

Regulation 17: Premises

The provider generally met the requirements of Regulation 17, however further action was required to be fully compliant as per Schedule 6 requirements. For example;

- Residents rooms in the older section of the centre required up-grading. For example, some of the ceilings had water stains and some of the rooms needed repainting due to wear and tear.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed residents' records and saw that where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services* (2018), however further action is required to be fully compliant. For example;

- Linen was not segregated in line with the centre's own policy for managing linen. For example, soiled linen in the red linen bag was not placed in a water soluble bag to protect staff handling soiled linen from micro-organism.
- The cleaning store room had no dosing machine to measure the correct dilutions for the cleaning products. This meant that cleaning solutions may not be sufficient to kill bacteria or viruses.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 6: Health care

GP's routinely attended the centre and were available to residents. Allied health professionals supported the residents on site where possible and remotely when appropriate, for example: the dietitian and tissue viability nurse. There was evidence of ongoing referral and review by allied health professionals as appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Terenure Nursing Home OSV-000047

Inspection ID: MON-0044484

Date of inspection: 25/02/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Residents' rooms in the older section of the centre will have all the necessary environmental upgrades completed by May 2026.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> • Linen segregation and soiled linen/resident clothing training were provided to all staff. • PIC and CNM complete daily spot checks to ensure staff strictly adhere to proper linen segregation in line with the IPC policy. • In addition, during morning handover and afternoon safety pause staff are constantly reminded of the importance of adhering to IPC practices. • Posters displayed regarding proper linen segregation. • IPC policy is amended to reflect current laundry arrangements. • The dosing machine for the dilution of the chemical agents will be installed by May 2026. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/05/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/05/2026