

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

Issued by the Chief Inspector

Name of designated centre:	Hazel Hall Nursing Home
Name of provider:	Esker Property Holdings Limited
Address of centre:	Prosperous Road, Clane, Kildare
Type of inspection:	Unannounced
Date of inspection:	18 September 2025
Centre ID:	OSV-0000049
Fieldwork ID:	MON-0047089

About the designated centre

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

Hazel Hall Nursing Home can accommodate up to 46 female and male dependent adults, aged over 18. The majority of residents are aged 65 and over, and can provide for the following care needs: General (Care of the Older Person), Dementia, Physical Disability, Intellectual Disability and Acquired Brain Injury. Hazel Hall Nursing Home is purpose built and set in its own secure grounds with car parking facilities and is monitored by CCTV. It contains 44 bedrooms (42 single and two twin rooms). Each room is equipped with Cable TV (Flat Screen) and call bell system.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
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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 18 September 2025	08:30hrs to 14:45hrs	Sinead Lynch	Lead
Thursday 18 September 2025	08:30hrs to 14:45hrs	Sheila McKevitt	Support

What residents told us and what inspectors observed

This was an unannounced monitoring inspection conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse.

On the day of inspection 11 residents provided verbal feedback about life in the centre, it was overwhelmingly positive. Residents said their rights were upheld and they felt safe and secure living in the centre. Those spoken with said they were always treated with dignity and respect by staff. The provider had put appropriate measures in place to ensure that residents were safeguarded against all forms of potential abuse.

There was a calm and relaxed atmosphere within the centre, as evidenced by residents moving freely and unrestricted around each of the units in which they lived. It was evident that management and staff in each unit knew the residents well and were familiar with each resident's daily routine and preferences.

Approximately 70% of the residents were living with a diagnosis of dementia or cognitive impairment and some of these residents were unable to express their opinions on the quality of life in the centre. Those residents who could not communicate their needs appeared comfortable and content. Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner. Residents identified as displaying responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) from time to time were engaged in activities or supervised by staff when followed-up on during this inspection.

Residents spoken with all commented on the variety of activities available to them and said that their choice not to attend was always respected. Residents were encouraged to attend activities and to interact with other residents, this was evident on the day of inspection. The activities co-ordinator, described as 'exceptional' by residents, was assisting residents to make Halloween decorations for the centre. One resident said they enjoyed life in the centre and that the 'grub was nice'.

Visitors were observed to be welcomed by staff at the main reception and at the front door of each unit. It was evident that staff knew visitors by name and actively engaged with them.

There was unrestricted access to the secure garden. Residents who wished to smoke were supported to smoke.

The complaints procedure and advocacy contact details were on display in both units. Residents had a meeting approximately every month where they discussed issues in relation to life in the centre. It was evident from a review of the minutes of

these meetings that all issues brought up by residents were addressed promptly by the provider. The residents had also recently published their own newsletter, something they hoped to continue.

All the residents spoken with used complimentary language when speaking about the staff, one described the staff as 'excellent', 'very kind' and 'very good'. All residents in their bedroom had their call-bell within reach.

Residents said that the centre provided a safe and secure space in which their rights were upheld.

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

Capacity and capability

Overall, the inspectors were assured that residents in the centre were well cared for in a supporting, caring and well resourced way. There was good leadership evident from the management team. The centre has greatly improved in their regulatory compliance and the findings of this inspection confirmed that the registered provider had the capacity and capability to safeguard the residents from any forms of abuse and sustain good compliance levels.

The provider had been progressing works in relation to the premises since the last inspection. Improvements were observed and the provider assured the inspectors that they would be on track to meet the compliance plan time frame of December 2025.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended). This inspection had a specific focus on the provider's performance with respect to safeguarding adults.

Esker Property Holdings Limited is the registered provider of Hazel Hall Nursing Home. The centre had a full-time person in charge who was supported in their role by a clinical nurse manager, a team of nursing staff, care staff, housekeeping, catering, administrative and maintenance staff. The management team including a company director, facilities and finance manager and floor manager provided support to the person in charge with the day-to-day operations of the centre.

Staffing levels in place on the day of inspection were sufficient to meet the assessed needs of the residents. There was appropriate clinical supervision in place.

A review of training records indicated that all staff were up-to-date with mandatory training in relation to safeguarding vulnerable residents. Staff were aware of their role in protecting and safeguarding residents and how to report a concern and identify all forms of abuse.

Regulation 15: Staffing

On the day of the inspection there were adequate staffing levels available to meet the needs of the current residents, taking into consideration the size and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role, and staff demonstrated an appropriate awareness of their training and their role and responsibility in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. There was a proactive management approach in the centre which was evident by the ongoing audits and subsequent action plans in place to improve safety and quality of care.

Judgment: Compliant

Quality and safety

Overall, residents were in receipt of a good standard of care from dedicated and kind staff who promoted each resident's individual human rights. Residents were safeguarded from abuse and were respected as individuals.

The feedback from residents informed the inspectors that safeguarding measures were in place and followed by staff.

Residents had computerised care plans in place. Where there was a safeguarding concern or risk there was a comprehensive care plan developed to direct care. Each resident was assessed prior to admission and on admission their safeguarding risk was re-assessed.

Residents were encouraged to live their lives as they wished and a 'positive risk-taking' approach was utilised. Residents were provided with the right and ability to decide what they wanted to do and how they lived their lives. Residents were provided with access to a wide range of activities. Residents were given the choice to attend if they wished, while other residents preferred the one-to-one time with staff. Residents' wishes were very well respected in relation to their choice of activities and how they spend their days. Residents had access to the centre's complaints procedure, advocacy services and they attended regular residents meetings, it was clear that any issues they brought up were addressed promptly.

Where residents presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), there was a specific care plan in place to guide staff in how best to support the resident. The monitoring of these behaviours was well-documented and from this, triggers were identified and measures put in place to mitigate the risk of re-occurrence.

The person in charge had notified the Chief Inspector of incidents of alleged and confirmed abuse. The inspectors reviewed the investigations and action plan in place. These were found to be comprehensive and at all times ensured residents were safeguarded and protected. Where learning was identified this was shared with all staff when appropriate.

Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. Care plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of resident assessments and care plans were reviewed on this inspection. The assessments reflected the residents met during the inspection, and clearly identified their assessed needs. The care plans reviewed were person centred and

outlined the residents' wishes and preferences. Those residents with wounds had a detailed wound care plan in place and the records reviewed were clear, concise and reflected the condition of the wound each time the dressing was changed. Those residents involved in safeguarding incidents had person-centred care plans which included details of the level of supervision they required.

The assessments and care plans reviewed were updated on a four monthly basis.

There was evidence that residents were consulted about their care planning reviews.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

All restrictive practices were implemented in line with the centre's local policy and guided by the national guidance. Where alternative less restrictive practices were trialled this was detailed in the resident's restrictive practice risk assessment. There was a multi-disciplinary team approach to the use of restrictive practice. The resident and with their consent, their next-of-kin were communicated with prior to any form of restrictive practice was implemented.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all measures to safeguard residents living in the centre. All staff had safeguarding training in place prior to commencement of their role.

The person in charge investigated all allegations of abuse and referred residents to the appropriate supports when required or requested.

The provider was a pension-agent for ten residents. There was clear and transparent documentation in place ensuring residents' finances were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

The provider and the person in charge were striving to promote a rights-based service for all residents. Residents were encouraged to partake in activities of their choice and staff took a positive risk-taking approach that upheld residents' rights.

Residents were invited to attend regular residents' meetings. There was a good attendance at each of these meetings as evidenced in the attendance records and the minutes reviewed by the inspectors.

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	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant