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:	Holy Family Residence
Name of provider:	Little Sisters of the Poor
Address of centre:	Little Sisters of the Poor, Holy Family Residence, Roebuck Road, Dundrum, Dublin 14
Type of inspection:	Unannounced
Date of inspection:	25 May 2026
Centre ID:	OSV-0000050
Fieldwork ID:	MON-0050169

About the designated centre

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

Holy Family Residence can accommodate 60 residents, both male and female over 65 years of age. The centre can accommodate residents with low to maximum dependency levels. The aim of the centre is to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes the health and well-being of all residents.

The centre is located on the outskirts of Dublin City, with nearby bus routes. The centre has pleasant garden which provide enjoyable walks to residents. The centre consists of four floors and contains 60 single en suite bedrooms. There are many communal spaces available to the residents, including a library, a concert hall, a tea rooms, sitting rooms and more.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60

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
Monday 25 May 2026	07:30hrs to 15:05hrs	Sarah Armstrong	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a good quality of life whilst living in Holy Family Residence. Residents were supported by a team of dedicated and attentive staff who were responsive to their needs. All feedback received from residents was positive. In particular, residents spoke highly of the staff who cared for them, telling the inspector that the staff were kind and knowledgeable in their roles. One resident told the inspector that the staff were "helpful and considerate", and another resident said "the staff are top class here". The inspector also spoke with a resident who said "the staff are kind, they're gentle, they're observant and they're energetic". When asked about the general service provided to them, residents said "I don't think you would get better anywhere else" and "this is the gold standard of nursing homes". Another resident told the inspector "I am perfectly happy here - I don't want to change anything". The inspector asked residents about the response time from staff and all residents complimented staff on this. One resident said "if I press my little button they're down to me in seconds", and another told the inspector "oh they're really marvellous, they're quick to come when I need them. They do a good job here".

Staff who spoke with the inspector described how they enjoyed working in Holy Family Residence, and referenced the good support they received from the management team, including access to training to support them in their roles. Staff also told the inspector that management team were approachable, and that they felt encouraged and empowered to raise any concerns they might have.

On arrival to the centre, the inspector met with the person in charge (PIC) and the assistant director of nursing (ADON), and an introductory meeting was held to set out the purpose of the inspection. This was an unannounced inspection carried out by an inspector of social services over the course of one day. Following the introductory meeting, the inspector completed a walk around of the premises, accompanied by the person in charge. The inspector observed some residents up and dressed, taking their breakfast in the dining spaces, whilst other residents who wished to rest longer into the morning were doing so in line with their preferences. The inspector found that the centre was well maintained throughout. There was a sufficient amount of comfortable seating where residents could sit and relax, and some areas of the centre had been refurbished since the last inspection, including new carpets, furniture and curtains. Sitting rooms for residents were homely and warm, and there were collections of appropriate magazines and reading materials available for residents in these areas, in addition to televisions and radios.

Residents had access to a library on the ground floor. This library was maintained by residents who told the inspector they enjoyed organising the books, telling the inspector "I put them on the shelves organised by genre so it is easy for people to find what they want". One resident told the inspector "I like to read and its great that we have the library". There was also a shop on the ground floor which was

open for a short period each day, Monday to Friday and operated by volunteers. Here, residents could purchase items including toiletries, clothing, jewellery and snacks. A tea room was also available for residents to use during the day, and this space was also observed being used by residents who were meeting their visitors on the day of inspection. Within the centre, there was a chapel for daily religious services, a prayer room which was used by residents for quiet reflection and also for funerals, and an auditorium. Residents told the inspector that the chapel in particular was "wonderful to have", and another said "I especially like that we have Mass every morning".

The inspector observed wall mounted screens on corridors on each floor. These screens displayed a slide show throughout the day, which provided residents with information about upcoming religious holidays and events, and they also showed photographs of recent celebrations and parties held in the centre.

Interactions between staff and residents on the day of inspection were warm, kind and courteous. All residents said they felt safe living in the centre. Staff appeared to know the residents well and staff spoken with were knowledgeable about the individual care needs of the residents. Staff were seen to promote residents choice in how they carried out their day. For example, residents were supported to get up at a time that suited them in the morning, a choice was offered at each meal and also, there was a choice of activities. How residents carried out their day in the centre was based on their own wishes and preference, and there was no evidence of a task-led approach to the care provided. Residents spoke highly of the activities that were available to them in the centre, in particular, the card game Bridge and the music sessions. Residents were aware of the different activities available, and knew how to access the timetables to help them plan their day and decide what they may or may not attend. One resident told the inspector "I was used to living alone and I enjoy my own company. I have to say, they are great for doing activities here. I know all about what is going on, but I prefer to do my own thing". The inspection was carried out on a sunny day. Residents were observed to be walking around the grounds of the centre, sitting in the garden and meeting visitors outside, all without any restrictions. Sun hats were available at the front door for residents to use in the good weather.

The inspector observed the lunch time meal for residents. In the communal dining space, residents were seated at nicely set tables, and there was a selection of condiments available on each table. The dining experience started with a group prayer which residents were participating in. There were plenty of staff available to assist residents with their meals, and residents were offered a choice of what they would like to eat. One resident told the inspector "we get a choice for sure, and the menu is put up outside the door for us to read as well". On the day of inspection, residents had a starter of fresh broccoli and cauliflower soup, followed by a choice of gammon steak with parsley sauce, vegetables, creamed and boiled potatoes or a spicy chicken fillet. The food served looked hot and was nicely presented on the plate. Residents described the food as "delicious" and "superb". Some residents required assistance from staff to take their meals, and where this was the case,

residents were assisted by staff, who sat beside the resident and provided dignified and discreet support.

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

Capacity and capability

Overall, the inspector found that Holy Family Residence was a well-managed centre. Residents who lived in the centre were receiving good standards of care, which was person-centred, safe and consistent. The registered provider had ensured that there were effective management systems in place to oversee and maintain these standards.

The inspection was carried out to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). During the inspection, the inspector followed up on notifications submitted to the Chief Inspector by the registered provider since the last inspection.

The registered provider of Holy Family Residence was Little Sisters of the Poor. There was a well-defined management structure in place, with clear lines of accountability and responsibility. The person in charge was supported in their role by an assistant director of nursing (ADON) and a provider representative. A team of clinical nurse managers, nurses, health care assistants, activity coordinators, housekeeping, laundry, catering, administrative and maintenance staff made up the remainder of the staffing compliment in the centre.

There were adequate resources available on the day of inspection to ensure that residents' needs were met in a timely manner. There was evidence of consistent governance and oversight in the centre. Monthly clinical governance meetings were held to ensure good oversight of the service, and staff meetings were taking place regularly. There was evidence of good communication amongst the staff team to ensure important information about the service and residents' care was shared with staff in a timely manner. The inspector also reviewed a sample of audits. An audit schedule was in place to ensure that key areas of care provision were reviewed on a regular basis. Examples of audits completed included; infection control and health and safety audits, audits of residents' care plans, falls and medication management. These audits clearly set out the audit findings and where required, quality improvement plans were put in place to ensure high standards of care were provided to residents on an ongoing basis. Audit findings and recommendations were fed back to staff at daily huddles to ensure prompt implementation into practice.

All policies and procedures as required under the Regulations were in place in the centre. These policies and procedures were up to date and staff who spoke with the inspector were aware of, and were knowledgeable of them.

The centre's complaints policy was displayed in a prominent location in the designated centre. Residents who spoke with the inspector were aware of the process in place for making complaints, and knew who to speak to should they have any concerns about the service they received. Residents also told the inspector that they felt safe and comfortable to raise any concerns they may have. Some residents told the inspector that they had made complaints previously and they were satisfied with how their complaint was managed.

A residents' directory was maintained in the centre and made available to the inspector for review. The inspector found that this was up to date and included the required information as set out in the Regulations.

A certificate of insurance was in place in the centre and was valid. This insurance policy was effected to insure residents against injury, and was observed to be displayed in the reception area of the centre.

Regulation 19: Directory of residents

The provider had maintained a directory of residents. This directory was made available for review by inspectors. The Directory contained all information as required under paragraph (3) of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had in place a contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that there was sufficient resources available to ensure the effective delivery of care to residents. There was a clearly defined management structure in place which set out clear lines of authority and

accountability. Management systems were in place to ensure that the service provided to residents was safe.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place for managing complaints which met the requirements of the regulations. There was a nominated complaints officer and review officer in the centre. The inspector reviewed a sample of recent complaints and found that these were managed in line with the policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared, adopted and implemented the policies and procedures as required under Schedule 5 of the regulations. Policies and procedures were made available to staff and were reviewed in line with the required time frame.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents living in Holy Family Residence were supported to enjoy a good quality of life. Residents' rights were promoted by a team of dedicated staff, who knew the residents well. All residents who spoke with the inspector provided positive feedback about the service and the care they received.

On admission to the centre, residents' had their needs comprehensively assessed. These needs were reassessed at regular intervals and again, where changes were noted in their condition. Residents needs were being met through well-established access to health care services, and through good opportunities for meaningful and appropriate social engagements. Medical practitioner services were provided by a local service who attended the centre weekly, and more often as required. There were arrangements in place for out of hours medical care if required. Physiotherapy services were provided on site twice per week, and there was access to occupational therapy through community channels. Residents living in the centre also had access

to tissue viability nurses, dieticians and speech and language therapists, who provided an on site service as required.

The inspector reviewed a sample of 11 care plans including end of life, mood and behaviour, communication, mobility and personal care and hygiene care plans for residents. Care plans were written in a person-centred manner and contained detailed information about the resident to guide the staff team in providing appropriate and good quality care. There was evidence that residents, and their families, where appropriate, were involved in the care planning process.

Some residents living in the centre had specific communication needs, for example, due to impaired hearing ability or vision impairment. Where this was the case, detailed communication care plans were in place for these residents. These care plans clearly described the residents' communication needs, and provided detailed information for staff in how to effectively communicate with the resident. The inspector observed staff communicating with these residents in a manner aligned to their care plans.

Residents were supported to retain control over their clothing and personal items and were provided with facilities for secure, lockable storage in their bedrooms to keep valuables, if they wished. There was a laundry service provided on site for all personal clothing items and linens. The laundry operated Monday to Saturday to ensure a quick turnover. Residents spoken with confirmed that they were happy with the laundry service and the inspector found that their clothing was stored in a neat and tidy manner.

On the day of inspection, residents were observed participating in meaningful activities which were suited to their interests and capacities. There was a religious ethos in Holy Family Residence, and residents told the inspector that their faith was of great importance to them. Mass was offered daily on site and was facilitated in a large chapel within the centre. The chapel was open at all times for residents to use, for them to pray and reflect, as they wished. Whilst the centre mostly accommodated members of the catholic community, residents from other religious denominations were also welcome in Holy Family Residence, and were supported to practice their own faith in the centre. There was a varied activities schedule, which catered for different interests and capacities. On the day of inspection, residents had access to prayer group and a keep fit exercise group. Residents were also observed playing card games in small groups or individually. Other activities offered in the centre included poetry and music concerts. There was a large auditorium within the centre where concerts were occasionally performed. Residents had formed their own social club in the centre. As part of the social club, residents participated in board games, knitting, bingo, table quizzes and movies. Residents confirmed that they had no difficulty accessing televisions, radios and internet. The inspector observed residents using their tablets to access the internet on the day of inspection, to catch up on news and current affairs. One resident told the inspector that they used their tablet to make video calls to their family. Resident meetings were held every three months. The inspector reviewed a sample of these meeting minutes and found that residents were offered opportunities to provide feedback on the service they received, and to participate in the organisation of the service. The minutes of

resident meetings were displayed in the centre. Residents also had access to independent advocacy services and information on advocacy services was displayed in prominent locations in the centre.

Regulation 10: Communication difficulties

Residents who had specialist communication requirements had person-centred care plans in place, which clearly outlined their specific communication needs. Communication care plans were sufficiently detailed to guide staff in communicating effectively with those residents.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to retain control over their own personal property and finances. Where monies were held in the centre on behalf of residents, there was a clear and robust system in place to manage this.

Residents clothing was laundered and returned regularly and residents had adequate storage space to keep their clothing and other personal items.

Judgment: Compliant

Regulation 13: End of life

The inspector reviewed a sample of three end of life care plans for residents and found that residents' wishes for their end of life arrangements were discussed with them and documented in their file.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' health and social care needs were assessed on their admission to the centre. Care plans were developed in line with residents' comprehensive assessments and were available within 48 hours of admission. There was evidence that care plans were reviewed no later than at four monthly intervals, or more

frequently where required in response to changes in needs. Residents and their families, where appropriate, were involved in the care planning process.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical practitioners and other health and social care professionals. There was evidence that referrals to these professionals was made in a timely manner for residents and recommendations made by those professionals were accurately incorporated into residents' care plans.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had suitable facilities for occupation and recreation. Residents had access to a range of meaningful activities, suited to their capacities and interests. Residents were supported to exercise choice in their daily lives and had access to radio, television, newspapers and private phone facilities.

Independent advocacy services were available to residents should they choose to use them and there was evidence that residents were supported to participate in the organisation of 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	
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant