

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

Issued by the Chief Inspector

Name of designated centre:	Abbeyleix Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Ballinakill Road, Abbeyleix, Laois
Type of inspection:	Unannounced
Date of inspection:	09 September 2025
Centre ID:	OSV-0000527
Fieldwork ID:	MON-0043714

About the designated centre

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

The Community Nursing Unit, Abbeyleix, is a 10 bed facility set on mature grounds on the outskirts of the town of Abbeyleix. The Community Nursing Unit is located on the ground floor of a two-storey building. The centre provides care for one resident on a continuing care basis and cares for nine residents with respite, convalescence and short-term care needs. The centre consists of 10 single ensuite rooms. One of these single room can accommodate Bariatric equipment. Wheelchair-accessible toilets and shower rooms are conveniently located for residents' use. Other accommodations included a large sitting, dining room, visitors room, quiet sitting room, an oratory, and a kitchen along with staff offices, two sluice rooms, a treatment room and a laundry. There is a secure glass terraced seating area accessed off the dayroom. In addition, there are extensive, well-maintained garden areas around the front and side of the building. Parking is available at the front and rear of the building. The centre currently employs nursing staff, care staff, catering, household, laundry, administration and maintenance staff. Residents with health and social care need with low, medium, high and maximum dependency needs are considered for admission.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
Tuesday 9 September 2025	08:55hrs to 14:30hrs	Aoife Byrne	Lead

What residents told us and what inspectors observed

The inspector found that Abbeyleix Community Nursing Unit was a well-run centre where residents were supported to enjoy a good quality of life. Feedback from residents was that this was a very good place to live, and that they were very well cared for by staff who were kind and attentive to their needs. Residents spoke highly of the staff and the centre, with comments such as “staff are amazing” and “it’s a wonderful place. I love to come here for respite regularly”.

Abbeyleix Community Nursing Unit is situated in the town of Abbeyleix, Co. Laois. The centre provides suitable accommodation for residents, which met residents individual and collective needs in a comfortable and homely way. The centre accommodates a maximum of 10 residents. The accommodation is arranged over one floor and consisted of single en-suite bedrooms with sufficient space to live comfortably. There were nine residents living in the centre on the day of inspection. Eight residents were receiving short term respite care for two weeks, and one resident was receiving long term care.

The inspector observed that the atmosphere was calm and relaxed throughout the centre. The centre was tastefully decorated and mostly well maintained. There was a programme of refurbishment works to improve the premises scheduled to commence in October 2025. Residents had access to bright communal spaces including a sitting room and a dining room. The visitors' room was newly refurbished and created a homely atmosphere for residents and visitors to enjoy a comfortable private space.

While staffing levels on the day of inspection were adequate to meet the needs of the residents the inspector observed on one occasion, that there were no staff present in the communal area to provide assistance to residents should they require it. This occurred during staff lunch break with only two staff left on the unit, one staff member was assisting the GP, while another was assisting a resident with personal care.

Residents were complimentary about the food in the centre, and they were provided with a good choice of meals, snacks and refreshments throughout the day. During mealtimes, those residents who required help were provided with assistance in a sensitive and discreet manner.

Residents told the inspector that they had the choice whether or not to participate in activities. A number of residents' said they enjoyed the bingo and exercise class. The inspector observed residents engaging with staff for a group chat and reminiscing and reading papers. Residents expressed their excitement about the planned visit from the Laois Rose from the Rose of Tralee on the 20th September and Daniel O'Donnell had also visited the centre earlier in the year.

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

Capacity and capability

This was a one-day, unannounced inspection. The purpose of the inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also reviewed the action taken by the provider to address areas for improvement found on the last inspection in November 2024.

The Health Services Executive (HSE) is the registered provider of Abbeylax Community Unit. The person in charge is responsible for the centre's day-to-day operations and reports to the general manager for older person services. The general manager is the person delegated by the provider with responsibility for senior management oversight of the service. The person in charge is supported in their role by clinical nurse managers (CNM), nursing and care staff, housekeeping, catering, administrative and maintenance staff.

The inspector saw that there were systems in place to deliver quality care to residents and this was continuously monitored with oversight from the senior management team. The systems included a comprehensive auditing programme, which was overseen by the person in charge. Both clinical and non-clinical audits were completed on a monthly and quarterly basis and action plans were in place to address any issues identified. Audits included care plans, falls prevention and management, restrictive practice, environmental and call bell response times.

A sample of contracts of care were reviewed by the inspector. All contracts contained the required information, such as the bedroom to be occupied by each resident, the services provided and the fees to be paid.

The inspector followed up on the actions taken by the provider to address improvements following the last inspection in November 2024. The compliance plan had been actioned and there were sustained levels of compliance seen with respect to the regulations assessed.

Regulation 19: Directory of residents

An updated directory of residents was maintained in the centre. This included all of the information as set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Following up on the compliance plan from the last inspection the provider addressed all issues identified. For example; Staff rosters were now maintained in line with the requirements of Schedule 4(9), and were reflective of the actual roster worked by staff.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose.

An annual review had been completed for 2024, with targeted action plans for quality improvement for 2025 and included residents' feedback.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. These were seen to be agreed on admission to the centre and detailed the services provided to each resident whether under the Nursing Home Support Scheme or privately. The type of accommodation was stated along with fees, including for services which the resident was not entitled to under any other health entitlement.

Judgment: Compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

Quality and safety

Overall, residents told the inspector they enjoyed living in Abbeylax Community Nursing Unit and had a good quality of life. Residents' health, social care, and spiritual needs were met to a good standard. However, action was required by the provider in relation to the premises.

Residents' needs were comprehensively assessed following admission using various validated tools, and care plans were developed following these assessments. Residents care documentation was paper based and care plans contained adequate detail to guide staff in the provision of person-centred care. Care plans had been updated to reflect changes required concerning falls, pressure sores and communication needs.

Staff were observed to communicate appropriately with residents who had communication difficulties. They afforded time for the residents to express themselves and did not hurry them. A review of the residents' records showed that when a resident had difficulty communicating, it was appropriately assessed, and all relevant information was recorded in the resident's care plan.

There was evidence that the registered provider had taken measures to protect residents from abuse. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Before commencing employment in the centre, all staff were subject to the Garda Síochána (Ireland's National Police Service) vetting. All residents spoken with stated that they felt safe in the centre.

The premises was appropriate to the number and needs of the residents. There was adequate communal spaces for residents and their visitors to enjoy. Following the last inspection in November 2024, the corridors throughout the centre were freshly painted, however the compliance plan from the inspection in November 2024 was not fully actioned. This is discussed further under Regulation 17: Premises.

Inspectors observed that the same meal choices were available to all residents including those that required modified diets as per their assessed needs. The different food consistencies served to residents reflected their assessed needs. The food was presented in such a way that the resident could identify the different food groups on their plate.

Regulation 10: Communication difficulties

Residents that had communication difficulties and special communication requirements had these recorded in their care plans and were observed to be supported to communicate freely.

Judgment: Compliant

Regulation 17: Premises

Following the last inspection in November 2024, improvements had been made to the premises. However, some areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations as follows;

- Floor coverings in the laundry area were incomplete. A large section of the floor had exposed concrete that was porous. There was also an open drain where waste water pipes entered the ground.
- Floor coverings in a communal toilet had detached from the wall, resulting in a build-up of dust and debris.
- Wood panels around the base of a toilet were visibly damaged and discoloured.

The inspector received confirmation that the above scheduled premises works were to commence in October 2025.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

All residents had access to fresh drinking water, refreshments and snacks throughout the day. Residents had a choice of menu at meal times and adequate quantities of nutritious food. Residents' dietary needs were met. There was adequate supervision and assistance at mealtimes.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following comprehensive assessment. Care plans were seen to be person-centred and updated at regular intervals.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living 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	
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Abbeyleix Community Nursing Unit OSV-0000527

Inspection ID: MON-0043714

Date of inspection: 09/09/2025

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none">• Floor coverings in a communal toilet had detached from the wall, resulting in a build-up of dust and debris.• The floor covering has been rectified by the maintenance department on 12th September. The floor covering is now securely reattached to the wall and is fully sealed.• Wood panels around the base of a toilet were visibly damaged and discoloured.• The maintenance department has inspected and repaired the affected area, and the panels around the base of the toilet have now been fully restored.• Floor coverings in the laundry area were incomplete. A large section of the floor had exposed concrete that was porous. There was also an open drain where waste water pipes entered the ground.• Funding has been approved under the AMRIC Minor Capital works for the upgrade of Abbeyleix CNU Laundry. A contractor has been appointed by Estates department with works scheduled to commence 27th October 2025. All issues raised are included in the scope of works. All floor coverings, and pipe work will be boxed out and fully sealed.	

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	10/12/2025