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:	Riada House Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Arden Road, Tullamore, Offaly
Type of inspection:	Unannounced
Date of inspection:	30 April 2026
Centre ID:	OSV-0000529
Fieldwork ID:	MON-0050168

About the designated centre

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

Riada House Community Nursing Unit is a 35 bed facility, located within walking distance of Tullamore town centre. Residents' accommodation is arranged on ground floor level in two units known as San Pio and St. Anthony's Wards. There are 14 single bedrooms, nine twin bedrooms and one bedroom with three beds. All bedrooms have access to en suite toilets and showering facilities. The centre provides care for male and female residents over 18 years of age with continuing care, dementia, respite and palliative care needs. There are two sitting rooms, a dining room, oratory, sensory room and several seated areas off the circulating corridors available to residents. The provider employs nurses and care staff to provide care for residents on a 24 hour basis. The provider also employs GP, allied health professionals, catering, household, administration and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32

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 30 April 2026	08:30hrs to 15:40hrs	Sarah Armstrong	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents living in Riada House Community Nursing Unit were well cared for and were supported to enjoy a good quality of life by a dedicated staff team who knew and understood the residents and their personalities well. The feedback received from residents and from visitors was all positive, with residents telling the inspector that they liked living in the centre and that staff were kind to them. Staff told the inspector that they enjoyed working in the centre and spending time with the residents, and that they were well supported by their peers and the management team.

On arrival to the centre the inspector met with the assistant director of nursing (ADON) and the clinical nurse manager (CNM). The ADON and CNM accompanied the inspector on a walk around the centre. During the walk around, the inspector had the opportunity to meet with residents and staff as they were preparing for the day ahead. Some residents were up and dressed and taking their breakfast in communal spaces. Others were still in bed or relaxing in their bedrooms. The atmosphere in the centre during the morning and throughout the day was calm and relaxed. After the walk around, the inspector met with the person in charge (PIC) and an introductory meeting was held with the PIC, ADON and CNM where the purpose of the inspection was set out by the inspector.

This was an unannounced inspection carried out by an inspector of social services over the course of one day, 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 followed up on the registered provider's progress with the compliance plan from the previous inspection carried out in June 2025 and statutory notifications submitted by the provider since the last inspection.

Overall, the atmosphere in the centre on the day of inspection was homely, calm and inclusive, with staff observed to be participating in meaningful engagement with residents. Staff spoken with had a good knowledge of residents, including their clinical needs but also their social needs, general interests and life stories. Some staff had worked in the centre for a long number of years.

In general, the premises was visibly clean and tidy and was well lit throughout. Improvements had been made to some areas of the centre, including the replacement of flooring in some areas. Upon entering the centre, there was a spacious reception hall, with plenty of comfortable seating and well considered homely decor. For example, there was a fireplace set out with turf and sticks, old style furniture including sideboards and cabinets, a piano and other old-time memorabilia familiar to residents such as sewing machines. This space was often used for residents to meet their visitors or where they wished to enjoy some quiet time.

The inspector spoke with six residents throughout the day, all of which provided positive feedback. Compliments from residents most often related to the staff who cared for them, the quality of food in the centre and the activities available. One resident told the inspector "the staff are super". Another said "the food is very good and we always get a choice". There was a varied activities schedule in place in the centre which included card games, movies, sensory activities, reading, music and quizzes. On the day of inspection, residents were observed taking part in group ball games and singing karaoke together and staff were gently encouraging residents with their participation during activities. Residents also told the inspector that they felt safe living in the centre and that they were happy with their bedrooms and how their belongings and laundry were managed.

The inspector met with one visitor during the inspection. Feedback about the service provided was all positive, with the visitor stating "everything here is 100%, I have no worries". This positive feedback also referenced the good communication from staff about their relative's care, the responsiveness of staff to residents' needs and the overall care experience provided to residents in the centre. The inspector spoke with three staff members who also provided positive feedback about the management team and the supportive nature of their colleagues working in the centre.

The inspector observed the meal time experience for residents. This was found to be a social occasion for the residents, who were observed chatting together about common interests including GAA football and current news stories. There was a choice of food options which included chicken, mashed potato and vegetables served with gravy, or cottage pie. The food served looked hot and appealing to eat, and the quality of the meal was confirmed by residents who said it was "delicious" and "top class". There was an appropriate number of staff available during the meal time to assist residents, and where residents required support from staff to take their meals, this was managed in a dignified and respectful manner. Staff were also observed to be attentive to residents' requests during the meal, and were offering extra sauces, butter and drinks to residents. Residents were also given a choice of dessert which included jelly and ice-cream or custard and fruit puree.

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

Capacity and capability

Overall, this inspection found that Riada House Community Nursing Unit was a well-managed centre where residents were receiving high standards of safe, person-centred care.

The registered provider of Riada House Community Nursing Unit was the Health Service Executive. There was a well-defined management structure in place, with clear lines of accountability and responsibility. The inspector followed up on the compliance plan from the last inspection which was held in June 2025 and found that all actions committed to in the compliance plan had been actioned. However, during this inspection, the inspector observed some areas of wear and tear in the premises, for example, damage to flooring and walls which required repairs to ensure these surfaces could be effectively cleaned in order to protect residents from the risk of infection. There was a schedule of audits in place in the centre, including care plan audits, meal time audits, restrictive practice audits and environmental audits. The inspector reviewed a sample of these audits and found that where issues were identified, there were clear actions plans put in place to address them. There was evidence that the person in charge reviewed and had oversight of audits carried out in the centre. The inspector also reviewed a sample of meetings, including staff meetings, senior management meetings and residents meetings and found that these meetings were held regularly and provided good opportunities for communication between management, staff and residents about the service.

Staff in the centre had access to appropriate training programmes to support them in their roles. The inspector reviewed the current training matrix and found that overall, there were high levels of compliance with the mandatory trainings including fire safety training, safeguarding vulnerable adults and managing behaviour that is challenging. Staff had access to the Health Act 2007 and to the regulations made under it, and in speaking with staff, the inspector found that staff were knowledgeable of these regulations and how to access them. Staff in the centre said they felt supported in their roles and that they liked working in Riada House Community Nursing Unit.

On the day of inspection, staffing levels were sufficient to ensure that residents' needs were met in a timely manner. When call bells alerted, staff were observed to respond to residents without delay and there was a calm and relaxed atmosphere throughout the centre. On a number of occasions, staff were seen to be chatting with residents in a friendly manner, offering them opportunities to participate in meaningful activities or engaging in conversation about their life stories and families.

The inspector reviewed a sample of four contracts for the provision of services and found that two of these did not document the number of occupants of the bedroom accommodation. This was of particular importance in Riada House Community Nursing Unit due to the designated centre offering accommodation in bedrooms of up to three occupants. This was brought to the attention of the person in charge on the day of inspection and a full review was undertaken on the day, of all residents' contracts, to ensure that they captured this requirement of the regulations. This finding is set out under Regulation 24: Contract for the provision of services.

The Directory of Residents was made available to the inspector and from a review of the directory, the inspector found that all items required by the regulations to be included were present.

Regulation 15: Staffing

The registered provider had ensured that there was a good number and skill mix of staff working in the centre. This took into consideration the needs of the residents and the layout of the centre. A registered nurse was on duty in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their roles and there was a high level of compliance with training including fire safety training and safeguarding vulnerable adults. Staff were aware of the Health Act 2007 and the regulations made under it and had access to the regulations within the centre.

Judgment: Compliant

Regulation 19: Directory of residents

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

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. There was a clear audit schedule in place and from a review of completed audits, the registered provider was self-identifying areas for service improvement and putting measures in place to ensure audit findings were resolved.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of four contracts for the provision of services to residents. Two out of the four contracts reviewed did not document the number of occupants of the bedroom, as required under the regulations.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents living in Riada House Community Nursing Unit were supported to enjoy a good quality of life. All feedback received from residents and relatives was positive and staff said they enjoyed working in the centre. However, some improvements were required in respect of infection prevention and control due to damaged surfaces which did not lend themselves to effective cleaning practices. This finding is discussed further under Regulation 27: Infection control.

Staff spoken with expressed a good knowledge of residents and their assessed needs and were able to communicate information about residents to the inspector which was aligned to the residents' care plan. Care plans reviewed were found to be person-centred and included sufficient details to guide staff in providing residents with good quality, safe care aligned to their needs and preferences.

The inspector reviewed the restraint register in place in the centre and found that where restraints were used, there was evidence that appropriate assessments had been completed and the means of restraint used were the least restrictive option, following trialling of alternatives. Following the findings of the last inspection, the person in charge had changed the type of specialist sheets used for manual handling procedures, as the sheets previously used also required the use of bed rails. As a result of this change, the use of bed rails in the centre had decreased which promoted the independence of residents and was more in line with a rights-based approach to care.

The inspector found that there were appropriate measures in place to ensure residents were safeguarded from abuse. All staff had completed training in safeguarding vulnerable adults. This enabled staff to identify, prevent and respond to signs of abuse. Where an allegation of abuse had been made, the person in charge had ensured that a comprehensive investigation into the incident was carried out and that key learnings were identified. Learnings from these investigations was

communicated to staff and used to inform future practice and help mitigate the risk of incidents recurring in the future.

Where residents wished to keep items of value in their own rooms, they were provided with lockable storage to keep their belongings safe and secure. Residents were also supported to retain control over their personal finances and statements were provided to residents at set intervals of three months, or more often where a resident requested. There was also a system in place in the centre to ensure that residents had access to monies seven days per week. Laundry services were provided on site for residents' clothing and personal items, and the laundry operated Monday to Sunday each week to ensure a quick turnover. Residents spoken with confirmed that they were happy with the laundry service. Some residents showed the inspector inside their wardrobes and chests of drawers and the inspector found that their clothing was treated with care, folded and neatly hung.

Visits were observed taking place on the day of inspection and visitors and residents confirmed that visits in the centre were not restricted. There were suitable spaces in the centre where residents could receive their visitors, outside of their own bedrooms. There was a visiting policy in place in the centre, however this policy did require updating to ensure that it captured all requirements of the regulations, including the process for visiting during an outbreak of a communicable disease and the arrangements in place in the centre for residents to receive a nominated support person. This finding is set out under Regulation 11: Visits.

The inspector reviewed fire safety equipment in the centre and found that fire extinguishers and fire blankets were serviced as required, with some equipment having been replaced with new equipment since the last inspection. All actions committed to from the previous inspection to improve fire safety practices in the centre had been actioned in full by the registered provider.

Regulation 11: Visits

There was a visiting policy in place in the centre, however, this policy had not been updated to include all the information required under Regulation 11 (1). For example, the policy did not include the process for visiting access during an outbreak of a communicable disease, epidemic or pandemic or the arrangements in place for residents to receive nominated support persons.

Otherwise the registered provider had made arrangements for residents to receive visitors and visits to residents were not restricted in the centre. There were suitable communal facilities available for residents to receive visitors.

Judgment: Substantially 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 were routinely kept informed of their banking information and were provided with bank statements.

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

Judgment: Compliant

Regulation 27: Infection control

The inspector followed up on the compliance plan from the previous inspection and found that all actions committed to in the compliance plan had been actioned which included the installation of a new worktop in the pantry in San Pio.

However, on the day of inspection, the inspector found that further improvements were required to ensure that infection prevention and control measures in place were consistent with the Standards published by the Authority. A number of surfaces were found to be damaged which meant that these areas could not be effectively cleaned. For example;

- There was damage to the floor covering in bedroom 104, including in particular, one section of flooring under the sink which was badly torn.
- There was damage to the wall/skirting board behind the bed in bedroom 104.
- The flooring in the physiotherapy room was damaged and worn.
- There was damage to the flooring along a corridor, immediately inside the door to the courtyard.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector followed up on the compliance plan from the last inspection and found that all actions committed to had been completed. Fire extinguishers other fire safety equipment including fire blankets had been serviced as required and oxygen cylinders were stored securely.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector followed up on the compliance plan from the last inspection and found that all actions committed to had been completed. There were positive improvements implemented in the centre to reduce the amount of restraints used including reductions in the use of bed rails amongst residents.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse and staff had received training in relation to the detection and prevention of, and responses to abuse. Where an incident or allegation of abuse had occurred, the person in charge had conducted an investigation into the incident.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Riada House Community Nursing Unit OSV-0000529

Inspection ID: MON-0050168

Date of inspection: 30/04/2026

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 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: All Contracts of Care are updated with the bedroom numbers and occupancy levels specified on each Contract of Care.	
Regulation 11: Visits	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: The Visiting Policy has been up dated to reflect visiting access during an outbreak of a communicable disease, epidemic or pandemic with the arrangement in place for residents to receive their nominated support persons.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: The floor covering in damaged areas in the Centre will be replaced to ensure it is readily cleanable and maintained to a high standard. The external contractor for the flooring has been facilitated to measure and provide quotes for the flooring identified on the day of inspection.	

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 11(1)(ii)	The registered provider shall ensure that the designated centre has a written policy, to include the process for access during an outbreak of a communicable disease, and epidemic or a pandemic.	Substantially Compliant	Yellow	15/06/2026
Regulation 11(1)(iii)	The registered provider shall ensure that the designated centre has a written policy, to include the process for arrangements for residents to receive nominated support persons.	Substantially Compliant	Yellow	15/06/2026
Regulation 24(1)	The registered provider shall agree in writing with each resident,	Substantially Compliant	Yellow	15/06/2026

	on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
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	30/11/2026