



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

Issued by the Chief Inspector

Name of designated centre:	Merlin Park Community Nursing Unit 6
Name of provider:	Health Service Executive
Address of centre:	Merlin Park, Galway
Type of inspection:	Unannounced
Date of inspection:	10 February 2026
Centre ID:	OSV-0000635
Fieldwork ID:	MON-0047418

About the designated centre

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

Merlin Park Community Nursing Unit is a designated centre operated by the Health Service Executive (HSE). It is located within the grounds of Merlin Park Hospital. The centre is made up of one single storey building referred to as Unit 6. The centre can accommodate up to 26 residents. It is located to the east of the city of Galway with easy access to local amenities. The service provides 24-hour nursing care to both male and female residents. Long-term care, short term care, respite and palliative care is provided, mainly to older adults. Bedroom accommodation is provided in 12 single bedrooms and four multi-occupancy rooms. Multi-occupancy bedrooms accommodate three to four residents and have shower and toilet facilities en suite. There are a variety of communal day spaces provided including a day room, a dining rooms and a conservatory.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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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
Tuesday 10 February 2026	09:35hrs to 15:45hrs	Una Fitzgerald	Lead
Tuesday 10 February 2026	09:35hrs to 15:45hrs	Sharon Kane	Support

What residents told us and what inspectors observed

The inspectors found that residents living in the centre received a good standard of care and were supported to live a good quality of life, by a team of staff who knew their individual needs and preferences. Feedback from residents on the day of inspection was that they were well cared for by staff who were attentive to their needs. Staff were observed to deliver care and support to residents which was kind and respectful. There was a friendly, relaxed atmosphere throughout the centre.

On arrival to the centre, inspectors were greeted by a person in charge and a director of nursing. Following an introductory meeting with the person in charge inspectors had a tour of the building, giving an opportunity to observe the building premises and to meet residents and staff. Some residents were having breakfast in the dining room and bedrooms, while others were relaxing in communal areas. A number of residents were being assisted and supported by staff with their personal care needs. Other residents were observed moving about the centre freely.

Merlin Park Community Nursing Unit 6 is a purpose-built, single-storey facility, located on the grounds of Merlin Park Hospital, Galway city. The centre provides accommodation for 26 residents. This unannounced inspection took place over one day. There were 24 residents accommodated in the centre on the day of the inspection and two vacancies.

The premises was laid out to meet the needs of residents. There was a mixture of single occupancy and multi-occupancy bedrooms. The centre was bright, warm and homely. Residents' bedrooms were laid out to meet the needs of the residents with adequate storage space for their belongings. Bedrooms were personalised, taking into consideration residents' interests. There was a sufficient number of toilets and bathroom facilities available to residents. Residents had access to communal spaces including a day room, a conservatory and a dining room. The centre was neat, clean and tidy, however, floor coverings in communal areas and several bedrooms were noted to be in a poor state of repair and not in line with the requirements of the regulations.

Residents spoken with on the day of inspection indicated that they enjoyed the privacy of their room to enjoy quiet time but generally spent most of their day in the day room. There was access to call bells in all rooms used by residents. A discreet system was in place that alarmed on a device held by staff so as not to disrupt other residents. The call bells were observed to be answered in a timely manner.

It was clear that residents were free to choose how they spent their day. Residents were observed coming to and from the centre without restriction. One resident described how they often left the centre to meet with friends or have coffee, and they could do this any time they liked. There was an activities schedule in place, and throughout the day residents were observed participating in activities in the day

room or in their bedrooms. Residents described having “lots to do to pass the day” and enjoyed the activities on offer. One resident described how they were looking forward to the weather getting better so the “walking club could get going again”. Staff spoken with were aware of the importance of social engagement, and described that time was allocated daily to provide one to one engagement to residents who did not wish to partake in group activities.

The dining experience was observed to be a social, relaxed occasion, and inspectors saw that the food was appetising and well-presented. The dining tables were laid out and presented well for residents. Residents were observed choosing their meal at the tableside, where they could choose from three different options. Residents were assisted by staff, where required, in a sensitive and discreet manner. Some residents chose to have their meal in their bedrooms. Residents were complimentary of the food and choices. A recent change in the choice of evening meal was appreciated by residents who described having plenty of food to choose from. Residents were observed being offered drinks and snacks through the day.

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 monitored by staff throughout the day. Staff were knowledgeable about the residents and their needs.

Friends and families were facilitated to visit residents, and inspectors observed many visitors coming and going throughout the day. Visitors told inspectors that they were satisfied with the care received by their relatives and that they felt they could speak with management if they had any concerns.

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. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also followed up on statutory notifications submitted to the Chief Inspector since the previous inspection. The inspectors found that there were effective governance and management systems in place which was evidenced in the levels of compliance with the regulations found on this inspection. However, inspectors observe that some areas of the centre were in a poor state of repair. Floor coverings in communal areas and some bedrooms were noted to be damaged and in poor condition.

The Health Service Executive (HSE) is the registered provider of Merlin Park Community Nursing Unit 6. The governance and management was well-organised, and the centre was well-resourced to ensure that residents were supported to have a good quality of life. The quality and safety of the service provided was of a good standard, and the findings reflected a commitment from the provider to ongoing quality improvement for the benefit of residents who lived in the centre.

There was a clearly defined management structure in place, with identified lines of authority and accountability. The person in charge facilitated this inspection and they demonstrated a good understanding of their role and responsibility. They were supported in their role by the director of nursing and a clinical nurse manager. There was a full complement of staff including nursing staff, health care attendants, activity, catering, and cleaning and laundry staff. Both the person in charge and the director of nursing were a visible presence in the centre, and were well known to the residents and staff.

There were clear roles and responsibilities established within the management structure, which identified the lines of authority and accountability for all areas of care provision. Clinical and environmental audits were complete. Inspectors observed a sample of audits including care planning, falls and medication management, and, where required improvements were identified, action was taken. There were systems and processes in place to ensure effective communication between management and staff in the centre. There were regular staff meetings held, which discussed a range of topics such as governance and management, audit results, resident care issues, training, and other relevant management issues.

A review of the staffing rosters found that staffing levels, and skill-mix were appropriate for the size and layout of the building, and to meet the assessed health and social care needs of residents. Staff had the required skills, competencies and experience to fulfil their roles. Staff demonstrated an understanding of their roles and responsibilities. Staff were observed working together as a team to ensure residents' needs were addressed and were observed to be interacting in a positive and supportive way with residents. Inspectors reviewed a sample of staff files. The files contained the necessary information, as required by Schedule 2 of the regulations including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

A review of staff training records evidenced that all staff had completed relevant training to support the provision of safe care to residents. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training. There were arrangements in place to provide supervision and support to staff.

A centre-specific complaints policy detailed the process of raising a complaint or a concern. The complaints procedure was clearly displayed in the centre. A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

The provider held a directory of residents in the designated centre that was available to the inspectors on the day of inspection. The directory contained all the information specified in paragraph 3 of Schedule 3 of the regulations.

Regulation 15: Staffing

There were sufficient numbers of staff available, with the required skill mix, to meet the assessed needs of the residents in the designated centre, on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training, and staff had completed all necessary training appropriate to their role. Arrangements were in place to ensure staff were appropriately supervised to carry out their duties through senior management support and presence.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, were stored securely and readily accessible. Inspectors reviewed a number of staff personnel records, which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance arrangements in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability. There were sufficient resources available and an effective monitoring system in place to ensure positive outcomes for residents living in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

Quality and safety

The inspectors found that residents were receiving a high standard of evidenced-based care in response to their assessed health and social care needs. Residents' spoke highly of the quality of the service provided and reported feeling safe living in the centre. However, this inspection found that some parts of the premises were not maintained in line with the requirements of the regulations.

A review of the building found that not all areas of the centre were appropriately maintained. The flooring was noted to be damaged in some of the multi-occupancy bedrooms and the dining room. This meant that the surface was not amenable to cleaning. Although the floors were observed to be cleaned by cleaning staff, on the day of inspection, the floor appeared visually unclean. While these issues had been

identified by the nursing management, and escalated to the provider, there was no time-bound plan for the completion of all actions.

A review of a sample of residents' care records on the computerised care record system evidenced that resident's needs were assessed using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident, which addressed the residents' abilities and assessed needs. Care plans were reviewed every four months, or as changes occurred, in line with regulatory requirements. There was evidence that the person-centred information contained within the care plans was gathered through consultation with the residents. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews three days per week or more frequently if required. Residents were also provided with access to other health care professionals, in line with their assessed needs, such as physiotherapy, psychiatry of later life, and speech and language therapy.

The centre provided residents with access to adequate quantities of food and drink. Residents had a choice of meals from a menu that was updated daily. Snacks and refreshments were available throughout the day. Residents' nutritional care needs were monitored. Residents' weights were monitored and staff were familiar with the level of assistance each resident required during meal-times. Staff were familiar with residents requiring specialised diets. There were appropriate referral pathways in place for the assessment of residents identified as being at risk of malnutrition.

Inspectors observed that staff approaches to managing residents who displayed responsive behaviour was person-centred. Staff, who spoke with the inspectors, were knowledgeable about interventions that were effective in managing behaviour that is challenging. Records reviewed evidenced that, in any instances where restrictive practices were in use, there were risk assessments in place, which were reviewed at frequent intervals. Residents were able to articulate being supported by staff if they were having difficulties.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff 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. Residents reported that they felt safe living in the centre. The provider had a system in place for residents who required a pension agent. Appropriate arrangements, in line with best practice, were in place.

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they choose. There were opportunities for residents to participate in recreational activities of their choice and ability, either in the communal areas or their own bedrooms. Residents had the opportunity to meet together and discuss management issues in the centre including activities,

complaints, staff and food. Where suggestions were made by residents, action was taken by staff and then reported back to residents, as observed in resident meetings. Residents were kept informed about services they could access, if needed. This included independent advocacy services.

Visitors attending the centre throughout the inspection were observed to be welcomed by staff. Residents and visitors confirmed that flexible visiting arrangements were in place and that they were satisfied with such arrangements. Residents said that they could spend time with visitors in communal areas or in the privacy of their bedroom.

There was a resident guide available to residents. Included in this guide was a summary of the services and facilities available in the centre, the complaints procedure, and visiting arrangements.

The centre had a risk management policy and risk register in place which identified clinical and environmental risks in the centre, and the risk control measures in place to mitigate those risks. Arrangements for the identification and recording of incidents were in place.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 17: Premises

There were areas of the building that did not meet the requirements under Schedule 6 of the regulations, For example:

- Damage to floor covering in multi-occupancy bedroom areas meaning surface was not amenable to cleaning.
- Damage to floor covering in dining room around the water fountain meaning surface was not amenable to cleaning and was a potential trip hazard for residents.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services, when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared and made available a residents' guide in respect of the designated centre.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and risk register in place which identified hazards and control measures for the specific risks outlined in the regulations. Arrangements for the investigation and learning from serious incidents were in place and outlined in the policy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of the nursing care documentation found that all residents had an assessment of their health and social care needs completed and a care plan was in place to address the needs of the residents.

The provider ensured that care plans were implemented and reviewed, in line with the changing needs of the residents, and regulatory requirements.

Judgment: Compliant

Regulation 6: Health care

Residents had access to health and social care professional support to meet their needs. Residents general practitioner (GP) attended the centre three days every week as required or requested.

A referral system was in place for residents to access health and social care professionals such as dietitians, psychiatry of later life and end of life care services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was supported in the centre. Each resident had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and multidisciplinary team. The care plans were kept under review and updates when changes in the residents condition occurred.

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 staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre.

Residents' civil, political and religious rights were promoted in the centre. The provider ensured that residents were supported to exercise choice in relation to their care and daily routines.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Merlin Park Community Nursing Unit 6 OSV-0000635

Inspection ID: MON-0047418

Date of inspection: 10/02/2026

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
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none">• Location: Multi-occupancy Bedroom <p>Identified Issue: Damaged floor covering, presenting potential safety and hygiene concerns.</p> <p>Planned Action: The floor covering will be professionally resurfaced to ensure a safe and hygienic environment for residents.</p> <p>Expected Completion Date: 10/05/2026</p> <ul style="list-style-type: none">• Location: Dining Room <p>Identified Issue: Floor covering requires resurfacing to maintain safety standards and resident comfort.</p> <p>Planned Action: The floor covering will be resurfaced to ensure a clean, safe, and comfortable dining area.</p>	

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	02/05/2026