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:	Mount Hybla Private
Name of provider:	Mount Hybla Nursing Home Limited
Address of centre:	Farmleigh Avenue, Farmleigh Woods, Castleknock, Dublin 15
Type of inspection:	Unannounced
Date of inspection:	24 March 2026
Centre ID:	OSV-0000744
Fieldwork ID:	MON-0050040

About the designated centre

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

Mount Hybla Nursing Home Limited, operates Mount Hybla Private a modern purpose-built centre situated in Castleknock, Dublin 15. The centre is located in a residential development a short distance from shops, cafes and pubs. General nursing care is provided for long-term residents, people living with physical disabilities and acquired brain injury. Respite and convalescence care can also be provided for people aged 18 years and over. The person in charge, assistant director of nursing and clinical nurse managers lead a team of nurses and healthcare assistants and support staff to provide all aspects of care. Palliative and dementia care can also be provided and there is access to a specialist geriatrician, psychiatry and a physiotherapist. The centre can accommodate up to 66 residents, in single en-suite bedrooms available over two floors. Lavender is a 16 bed dementia care unit on the ground floor which has a central courtyard and its' own communal space.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	64

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 24 March 2026	10:00hrs to 17:00hrs	Helen Lindsey	Lead
Tuesday 24 March 2026	10:00hrs to 17:00hrs	Bernadette McDonald	Support

What residents told us and what inspectors observed

This was a unannounced inspection by two inspectors, which took place over one day. Inspectors greeted and chatted with a number of residents and spoke in more detail to six residents to identify their experiences of living in Mount Hybla Private. Overall, residents were very positive about how they spent their days in the centre, and were highly complimentary of the staff, the food and the premises. Residents reported feeling safe in the centre and expressed satisfaction at how the centre was run. Overall there was a sense of well-being in this busy but homely centre.The inspectors spent time observing interactions between staff and residents and reviewing a range of resident's documentation.

The centre was a three-storey building located in a cul-de-sac in Castleknock, Dublin 15. The basement contained staff facilities, storage and laundry areas. Resident accommodation was set out on the ground and first floors. On the ground floor, two suites, Rose and Lavender, accommodated 32 residents. Lavender was a dementia care unit. On the first floor, two suites, Orchid and Magnolia, accommodated 34 residents.

Inspectors were welcomed into the centre on the morning of inspection and noted at that time some residents were up and sitting in the communal areas and others were relaxing in their rooms. Staff were busy assisting residents, however inspectors noted that staff made time to chat with residents while also conducting their duties. During the initial walk around of the premises, inspectors observed a centre that was clean, bright and airy. Overall, the centre was very well maintained with suitable furnishings, equipment and decorations. Residents' bedrooms were spacious and nicely decorated with personal belongings such as photographs and artwork. The centre was clean and tidy in all areas, with household staff clear of their tasks. The corridors were wide with appropriate handrails fixed to the walls to assist residents to mobilise safely.

In the specialist dementia unit, some residents were sitting in the communal area. Some were watching the television, others were engaging with items, such as puzzles and soft toys. Staff were sat with residents at various times, chatting about different topics such as their visitors, or personal histories. The area was brightly decorated with seasonal items, that were catching the eye of some residents who liked the bright colours. Visitors were seen to spend time either sat chatting in the main area, or in residents own rooms.

Internally, the centre's design and layout supported residents in moving throughout the centre, with wide corridors, sufficient handrails, furniture and comfortable seating in the various rest areas and communal areas. These communal areas included a large dining room, a smaller dining room, an oratory, an activity room, a sitting room and a café on the ground floor. There was a sitting room and dining room on the first floor. A hairdressing area was also available for residents. The

ground floor café was seen to have tea and coffee-making facilities for residents and their visitors to enjoy.

Regarding outdoor space, the centre had three very well-maintained landscaped outdoor areas. There was a pleasant terrace and sensory garden at the front of the centre. This area had garden ornaments, furniture and sunshades for residents and visitors. There were two smaller internal courtyards located in Rose and Lavender suites. The Lavender courtyard was pleasantly landscaped with raised planters, flowering plants, trellises, and garden furniture.

Residents and visitors could access hot and cold drinks, and snacks. During the inspection there was a social event in the cafe, with residents attending with the activities staff, and enjoying tea and scones. A staff member explained they used to have tea and toast, but following feedback from the residents, they now had scones.

Later in the day residents were observed to be enjoying activities such as tea and scones in the coffee dock and in the afternoon live music in the activities room. The activities room was decorated with residents' artwork and crafts and photographs of various celebrations were displayed, for example the mother's day afternoon tea event and St Patrick's day celebrations. The activities planner was displayed prominently outside the room and copies of the activities schedule were in residents rooms to browse.

Visitors were observed coming in and out of the centre throughout the day. Inspectors spoke with four visitors who all said that they were happy and grateful for the care provided to their loved ones. Visitors said that they were always kept updated with any changes or concerns, and that if they had any issues they felt confident to bring them to the attention of staff.

The following two sections of the report will describe how the governance arrangements in the centre impact upon the quality and safety of the care and services provided for the residents. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

Overall the centre was being run effectively, and residents were receiving a good quality of care and support. Action had been taken to address the findings of the previous inspection, including addressing improvements that were required to the premises. A small number of issues were identified during this inspection relating to records, and these will be set out under the relevant regulations.

This was an unannounced inspection to monitor the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and to review the registered provider's

compliance plan arising from the May 2025 inspection. The registered provider had progressed with the compliance plan, and improvements were identified in food and nutrition, premises and governance and management. Inspectors also followed up on unsolicited information received in relation to resources, while the findings on the day were that the service was operating with sufficient resources, one item of information sought for assurance was not provided when requested.

Mount Hybla Nursing Home Limited is the registered provider for Mount Hybla Private. There are two company directors, one of whom is the group director of operations and represents the provider regarding regulatory matters. The person in charge (PIC), oversaw the day to day running of the centre, and reported directly to the director of operations. There was a assistant director of nursing, and two clinical nurse managers to support the PIC in all aspects of operating the centre. Other staff members included nurses, healthcare assistants, a physiotherapist, catering, housekeeping, maintenance and administration staff. All staff were seen to engage positively with residents during the course of the inspection, respecting privacy, dignity, and individuals preferred routines.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the social needs of older persons living in the centre and were respectful of their wishes and preferences.

All staff spoken with confirmed they completed training when they started working in the centre, and did updates when required. Those who spoke with inspectors were clear in relation to fire evacuation training, and how to respond to safeguarding concerns. Housekeeping staff confirmed that had guidance to follow in relation to cleaning practices, and the centre was seen to clean throughout, with residents commending their work in relation to individuals bedrooms.

There were a range of governance and oversight arrangements, to ensure the service was operating effectively, and meeting residents needs. Inspectors viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. Governance meetings took place monthly covering any current issues, such as improvements to the premises and furnishings. There was also a focus on reviewing key performance indicators relating to resident care, and the findings from recent audits. Resources were discussed, in relation to staffing levels and recruitment. There were also staff meetings that took place with all the staff teams, and these were supplemented by 'staff huddles' which were a way to focus on a particular are of practice. There was a risk register, covering a wide range of possible risks, and the actions taken to manage them. There was also an annual review completed for 2025 which provided key information about the service for the reader, and also the planned improvements for 2026.

The previous inspection noted that not all residents were experiencing a positive dining experience. Records showed that a number of steps had been taken by the registered provider and management team in the centre to drive improvement. There were audits completed of the dining experience, redecoration of rooms, new

furniture in some areas, and a review of the menu with residents in the residents meetings. There was an example of residents requesting more frequent availability of a certain dish, and recent records showed that this had been provided. Feedback during the inspection from residents was that they enjoyed the dining experience.

The management team were supported by other roles in the wider group to support areas such as recruitment, financial management, and oversight of the quality of the service. Inspectors asked for access to detailed information about resources for the centre, however, this was not provided, with the representative of the provider advising they would only provide the information, following a written request. This is discussed further under regulation 23 Governance and Management.

Inspectors reviewed the arrangements for managing resident's finances in the centre. They were not currently a pension agent for any residents. There were records for valuables held and any resident money, however, action was required to ensure they fully followed their own policy 'Management of resident's accounts and property'. This is further discussed under regulation 4 Written Policies and Procedures.

Regulation 15: Staffing

On the day of inspection, staffing was found to be sufficient to meet the residents' needs. There was a minimum of four staff nurses on day duty and two on night duty.

Based on a review of the worked and planned rosters and from speaking with residents and visitors, sufficient staff of an appropriate skill-mix were on duty each day to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 21: Records

Whilst the majority of records requested by inspectors were available for review, records of the centres charges to residents, specifically the amounts paid by or in respect of residents, were not available for inspectors to review on the day of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

It was not possible to fully assess if there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, as documents regarding the management of utilities and other financial commitments were not made available to inspectors during the inspection. When financial records were requested, inspectors were advised they would only be provided if a request was received in writing.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The sample of contracts reviewed included clear information about the service provided, the fee for the services, and the number of the room to be occupied. However, none of the examples reviewed included the occupancy of the room the resident would reside in, as required by the regulation.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

There was a process in place to keep policies and procedures under review.

While most policies were seen to be fully implemented, records for managing resident monies were held electronically, which mean the policy was not fully implemented in practice, as residents, their representatives or staff could not sign the record, which was a step required by the registered providers policy 'management of residents accounts and property'.The result of this was that the three balances of cash checked, did not align with the records held.

Judgment: Substantially compliant

Quality and safety

Overall, Inspectors found that the residents living in Mount Hybla Private were receiving a good standard of care by a dedicated staff team who knew them well and who worked hard to ensure their support needs were catered for, respecting their individual preferences.

Inspectors observed the dining experience in the centre over lunchtime. The main dining area, and the adjoining room where bright, warm, and pleasantly decorated with flowers and other seasonal items. Menus were displayed in the main dining room and residents confirmed they were offered a choice of roast loin of pork or homemade beef burgers for lunch. Those who spoke with inspectors expressed overall satisfaction with food, snacks and drinks. Meals were prepared freshly on-site and appeared nutritious and appetising. Residents who required assistance at mealtimes were observed to receive this support in a respectful and dignified manner. All residents were observed to be seated at appropriate table heights for their comfort whilst dining. Some residents chose to eat in their bedroom, and this was facilitated by staff, who delivered a tray with the residents chosen options.

Inspectors followed up on the compliance plan from the inspection in May 2025 in relation to fire precautions. Staff evacuation drills were up to date and staff were knowledgeable as to what to do in the event of a fire. Evacuation aids such as ski sheets were purchased as noted in the compliance plan from the last inspection. Other areas such as hoist battery charging points and storage of nutritional supplements had all been rectified and such items were now stored in a appropriate manner with no fire safety risk.

The inspectors viewed a sample of residents' electronic nursing notes and care plans. There was evidence that residents were assessed prior to admission, to ensure the provider could meet their needs. Residents had good access to general practitioners (GPs) and other health and social care professionals. There was also good access to a range of allied health professionals, such as physiotherapy, and speech and language therapy. However, based on a sample of six care plans reviewed, improvement was required to ensure that care plans were sufficiently detailed to guide staff in the care of the residents and were consistently updated in line with residents' changing needs as some care plans were seen to contain conflicting information as outlined further under Regulation 5: Individual assessment and care plans

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. The inspector reviewed a sample of staff files and all files reviewed showed that staff had obtained Garda vetting prior to commencing employment. Staff who spoke with inspectors during the inspection confirmed they had completed training, and undertook refresher training on a regular basis. All staff confirmed they would report any safeguarding incidents, and knew who to report to. All interactions between staff and residents were observed to be respectful throughout the inspection, and residents reported that they felt safe living in the centre.

Regulation 12: Personal possessions

Resident’s bedrooms were spacious, and provided a large wardrobe, lockers and shelving for residents to store their personal possessions. All bedrooms were

personalised with pictures, and ornaments. Some residents had brought their own furniture such as display cabinets and chairs.

There was a laundry on site, with a clear process in place for returning items to each resident.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to a range of drinks through the day. A trolley went around offering a selection of drinks and snacks during the day and evening. Residents were also seen to have access to drinks in their rooms, including water and juices.

Choice was offered at all mealtimes, and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. Residents' dietary needs were met. There was adequate supervision and assistance at mealtimes, with staff supporting residents to have a pleasant dining experience.

Judgment: Compliant

Regulation 28: Fire precautions

Inspectors followed up on the actions from the previous inspection, and found that steps had been taken to address fire safety concerns.

Staff were familiar with the layout of the centre, and confirmed they had been completing drills on a regular basis. The drills included different parts of the centre, moving between floors, and using any evacuation equipment available.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were generally completed on a four monthly basis to ensure care was appropriate to the resident's changing needs. Notwithstanding this, two care plans contained information relating to the residents' care that was out of date. These care plans had information regarding nutritional

advice which staff informed inspectors had been discontinued and this was not updated in their care plans.

Judgment: Substantially compliant

Regulation 8: Protection

There was a safeguarding policy in place, staff had completed safeguarding training, and were familiar with the process for responding if someone told them of a safeguarding incident, or they witnessed unsafe care.

Investigations in to any safeguarding concerns raised had been followed up in line with the policy, and learning was shared with the staff team.

Checks were in place for staff, including Garda Vetting Bureau checks, and a registration number for nurses.

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 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Mount Hybla Private OSV-0000744

Inspection ID: MON-0050040

Date of inspection: 24/03/2026

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All resident charge records, including amounts paid by or on behalf of residents, are now maintained in an organised and readily accessible format at the centre.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Following the inspection, the Registered Provider has reviewed the arrangements for responding to requests for financial and resource assurance documentation during inspections to ensure that all relevant information can be made available in a timely and structured manner. The Registered Provider acknowledges that some documentation was not made available on the day of the inspection due to the complexity of extraction of the requested information from full financial company accounts. The RPR and SMT will endeavour to provide all documentation / assurances on the day of inspection going forward recognising possible external limitations for example authorisation of release by financial controller / director as per financial regulations. The Registered Provider has now strengthened internal governance arrangements in this area by implementing the following measures: • Senior management have reviewed the process for responding to regulatory information requests to ensure clarity, timely escalation and prompt access to supporting documentation during inspections. • Financial oversight continues through established governance systems, including regular review of operational expenditure, staffing resources, occupancy, budgets and	

service sustainability at provider level.
• Monthly governance meetings continue to review resource allocation and service performance to ensure that sufficient resources are available to deliver care in line with the Statement of Purpose.
These measures provide additional assurance that resource oversight is clearly evidenced and that supporting documentation can be readily available to inspectors as required.

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:
Following the inspection, the Contract of Care template was reviewed in detail by the Registered Provider and Senior Management Team.
The contract has now been amended to clearly specify the occupancy type of each bedroom, including whether the room is single occupancy or shared, in line with the requirements of Regulation 24.
A retrospective review of existing resident contracts has also been completed, and contracts requiring amendment have been updated to ensure consistency across all residents' documentation.
Admission processes have been updated to ensure this information is included in all future contracts at the point of admission and subject to routine audit as part of contract review processes.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
Following the inspection, the Registered Provider reviewed the implementation of the Management of Residents' Accounts and Property policy.
The previous electronic-only recording system has been replaced with a manual signed recording process to ensure that all transactions relating to resident monies can be appropriately signed by residents (where applicable), their representatives and staff, in accordance with the policy.
In addition:
• Regular balance verification checks are now undertaken by management.

• Any discrepancies identified are investigated immediately and corrective action taken. These measures ensure that the policy is now fully implemented in practice and that records accurately reflect resident monies held.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Following the inspection, a review of resident care plans was completed to ensure documentation accurately reflects residents' current assessed needs and interventions in place.
Where outdated nutritional guidance remained within care plans, this information has now been removed and records updated to ensure consistency and accuracy.
To strengthen ongoing compliance:
• The care plan audit tool has been updated to include review of historical or outdated content.
• Nursing staff have been reminded of the requirement to revise care plans promptly where resident needs change.
• Four-monthly care plan reviews continue in line with regulatory requirements, with additional review undertaken sooner where clinically indicated.
• External care planning training has been scheduled for nursing staff on 9 June 2026 to further support best practice in documentation and care planning standards.
This will strengthen documentation quality and ensure care plans remain current, person-centred and reflective of residents' needs.

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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	10/04/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	10/04/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	10/04/2026

	consistent and effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, 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.	Substantially Compliant	Yellow	26/05/2026
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	26/05/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	26/05/2026