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 Cara Nursing Home
Name of provider:	Shannore Management Ltd
Address of centre:	Redemption Road, Blackpool, Cork, Cork
Type of inspection:	Unannounced
Date of inspection:	01 July 2026
Centre ID:	OSV-0000747
Fieldwork ID:	MON-0050963

About the designated centre

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

Mount Cara is a purpose built facility located in the north side of Cork city. It is built on an elevated site with panoramic views of the city. It is a single storey building and resident accommodation comprises single occupancy bedrooms; communal areas include the parlour quiet visiting room, two large adjoined day rooms, sun room, small conservatory and large foyer with seating. Patio access to the garden is via the conservatory and sun room. The centre provides respite, convalescent and continuing care for persons assessed as being at low and medium dependency. The centre caters for both male and female residents over the age of 65 years.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26

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
Wednesday 1 July 2026	08:30hrs to 16:20hrs	Erica Mulvihill	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day by an Inspector of Social Services. The overall feedback from residents was positive. Residents who spoke with the inspector about their experience of living in the centre said it is a nice place to live and staff were described as very kind. The inspector spoke to many of the 26 residents but spoke to seven in more detail. Those who were unable to speak with the inspector appeared content and comfortable in their environment.

On arrival, the inspector was greeted by the registered nurse on duty in the centre and adhered to the sign in process. During an initial walk through the centre, the inspector had an opportunity to observe the lived experience of residents in their home environment, and to observe staff and resident interactions. Following this, the inspector met with the provider and the deputising person in charge as the person in charge was on statutory leave. An introductory meeting was held to outline the purpose of the inspection.

Mount Cara is a single story building. The main entrance is wheelchair accessible with a call bell system in place for visitors to the centre. The reception area was situated in the hallway with a parlour room that residents could use if they wished as a quiet space to receive visits. The registration certificate, complaints procedure and insurance information were displayed in this area. Also available at reception,was a copy of the statement of purpose and function, previous inspection reports and the current residents guide.

The main fire alarm system was in the reception area and secondary fire panels were located on corridors off the foyer. Leading from the reception was the large foyer which had a high glass dome making the space bright and airy. Offices of the nursing staff and the clinical room were situated adjacent to this space. Communal rooms were within easy access of the main foyer and included the dining room, lounge day rooms, oratory and toilet facilities. Residents' bedroom accommodation was along two adjoining corridors to the right of the foyer area. Bedrooms were single rooms which did not have ensuite facilities. There were communal bathrooms for residents use.

Information regarding advocacy services were displayed in the reception area of the centre and the residents guide also informed residents and families that they could access support if required.

To the left was a large bright spacious day room which led into another large room via an archway; both rooms had TV facilities. Residents were seen to be coming and going throughout the day. An activities coordinator was working with residents in one to one sessions during the morning and this continued throughout the day.

The inspector noted that the atmosphere in the centre was relaxed and friendly. In the morning time, some residents were observed relaxing in their bedrooms and communal areas and some were in the process of getting ready for the day. The inspector observed that staff were knowledgeable of residents' individual needs and preferences.

The inspector observed that it took time for call bells to be answered in the morning, but this improved during the day. Two residents were observed calling for staff as they did not have call bells placed near them. This will be discussed further in the report.

The inspector met with a number of visitors during the inspection who confirmed that visiting was not restrictive in the centre. A number of visitors stated that it was reassuring they could visit their relatives as per their preference. One visitor also stated that there was prompt communication from the care team, if there were any changes to their relatives condition which was a great comfort to them.

Residents were complimentary of the quality of the food and the menu choices available in the centre. Meals were described as'' very tasty'' by one resident. Menus were displayed outside the dining room on a communication board for residents and on tables for residents to view.

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 the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection 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 action taken by the provider, to address issues identified on the last inspection of the centre in October 2025. This inspection found that while residents were generally provided with a good standard of nursing and health care, some management systems in place in the centre were not fully effective to meet regulatory requirements. Further action is required in relation to complaints management, notification of incidents to the Office of the Chief Inspector and resident rights as detailed under the relevant regulations.

Mount Cara is a residential care setting operated by Shannore Management Limited. It is registered to accommodate 26 residents. The governance structure comprised the registered provider representative(RPR), the person in charge, and deputising arrangements for the person in charge, the clinical nurse manager. The person in charge was supported on site by nursing, care staff, catering and household staff.

Quality and safety of care was monitored through audits which examined key areas, including medication management, call bell audits, infection prevention and control for example. These audits identified deficits and risks in the service and action plans were evident. Communication systems were in place between the provider and management of the centre.

Although incident records were well maintained, the oversight of statutory notifications was not robust, to ensure they were all submitted to the Chief Inspector as required by the regulations. A review of complaints records found that although most complaints received since the previous inspection were managed as per the centres policy, some were recorded as concerns and did not follow the centres' complaints process. On review of documentation, the inspector found that these these issues did not have appropriate investigations, actions or learning outcomes in place and were not recognised as complaints or safeguarding concerns. This finding is actioned under Regulation 23: Governance and Management.

On the day of the inspection, the number and skill mix of staff was appropriate, with regards to the needs of the 26 residents being accommodated in the designated centre. However, as per the previous inspection findings, supervision of staff particularly around the There was evidence of regular meetings including weekly "safety pause" meetings where staff could discuss any safety concerns in relation to residents to inform quality improvement measures in the centre.

Records demonstrated that staff had access to a varied training programme and education, appropriate to their role. This included infection control, safeguarding vulnerable persons, fire safety and patient moving and handling.

The provider ensured that records were securely stored, accessible, and maintained in line with the requirements of the regulations.A sample of staff files were reviewed and they contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures in accordance with the National Vetting Bureau(Children and Vulnerable Persons) Act 2012 were in place for all staff.

Regulation 15: Staffing

A review of the staffing roster demonstrated that the staffing levels and skill mix were appropriate to meet the assessed needs of the 26 residents, in line with the statement of purpose. There was one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records demonstrated that staff were facilitated and supported to attend training in fire safety, moving and handling practices, and safeguarding vulnerable persons. Staff also had access to additional training to inform their practice in areas such as Infection prevention and control, restrictive practice and all nurses were trained in cardiopulmonary resuscitation(CPR).

Judgment: Compliant

Regulation 21: Records

The records required to be maintained in each centre under Schedule 2, 3 and 4 of the regulations were made available to the inspector and were securely stored in the centre. The current roster was seen to reflect the staff numbers present on the day. Staff files were well maintained and contained the regulatory required documents. All nurses working in the centre had a valid and up to date Nursing and Midwifery Board of Ireland registration certificate which was stored securely by the person in charge.

Judgment: Compliant

Regulation 22: Insurance

All insurance documentation required by regulation were in date and available for review on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place were not effective to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored in particular in relation to the following:

- there was a lack of oversight of legally mandated notifications, three of which had not been submitted as required to the Chief Inspector as outlined under Regulation 31: Notification of incidents
- there was a lack of supervision of staff at mealtimes to ensure all residents who required assistance with their meals enjoyed a social and dignified dining experience with their peers. Actioned under Regulation 9: resident rights.

- the systems in place to oversee complaints in the centre were not sufficiently robust. Specifically, the management team addressed some issues raised under the category of concerns. However, a review of this documentation indicated that a number of these issues met the threshold of formal complaints, with some relating to safeguarding matters. As such, these concerns should have been managed and investigated in line with the centre's safeguarding policy.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. The contracts seen were sufficiently detailed. They included the room number and type of accommodation the resident would occupy and any fees or additional fees to inform the resident on admission to the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge did not submit all required notifications to the Chief Inspector within the required time frames, as stated in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. These related to safeguarding allegations within the centre.

Judgment: Not compliant

Regulation 34: Complaints procedure

The inspector found that complaints management was not in line with regulatory requirements or the centres' own complaints policy. For example:

- Two complaints in relation to potential safeguarding allegations were recorded as concerns. They were not investigated in line with the complaints procedure and safeguarding policy; therefore record of investigation was not available. Consequently, the complaint resolution, learning and the complainant satisfaction level were not available.

Judgment: Substantially compliant

Quality and safety

The inspector observed that the interactions between residents and staff were kind and respectful throughout the inspection. Residents expressed satisfaction with the standard of care provided and they gave positive feedback about the staff and management of the centre. However, ongoing action is required with Premises, Fire precautions, infection prevention and control, care planning and resident rights to achieve compliance with the regulations.

The design and layout of the premises was generally suitable for the centre's stated purpose and function. The centre was homely and residents appeared comfortable in their environment. However, some wear and tear was evident and required attention as discussed under Regulation 17: Premises.

Although residents bedrooms and communal areas were generally clean, good standards for infection prevention and control were not maintained consistently, as evidenced by deficits in cleaning in regard to some parts of the premises, for example, the bathing facilities were visibly unclean and some bathroom floor surfaces were stained and required attention. This is discussed under Regulation 27: Infection prevention and control.

The centre had an electronic resident care record system. A review of resident care records demonstrated very person centred information in accordance with validated assessment tools to identify specific care needs. While all care plans were up to date, some improvements were required to ensure that care plans were developed to ensure that end of life care preferences for all residents were in place and that changing health requirements of residents were sufficiently detailed to direct care. Findings under Regulation 5: Individual assessment and care plan.

The inspector was assured that residents' health care needs were met to a good standard. Residents had access to a wide range of health and social care services. Records reviewed evidenced referrals that were sent in a timely manner if a change in a resident's condition required it. Residents had access to equipment such as pressure relieving devices and manual handling equipment as required. Wound care practices were found to be of a good standard and there were additional expertise available for external consultation if required, to guide and direct staff.

Residents had access to television, radio, books and internet services.Residents had access to religious services and resources, and were supported to practice their religious faiths in the centre's oratory. One activity staff member was available to provide activities to residents. However, the activities on the day of the inspection were not reflective of the weekly activity schedule and were largely focused around one to one sessions, where other residents looked on and observed, which was not

sufficiently robust to ensure all residents had a fulfilled social engagement in the centre. This was echoed by a visitor to the centre on the day of the inspection and also reflected in three of the resident surveys that were carried out also which stated that residents would like more choice of activities.

Call bells were observed in two resident bedrooms to be placed away from the residents, both of whom were observed to have high care needs and were unable to access their bell to call for assistance if required. This is actioned under Regulation 9: Resident rights.

Advocacy services were available to residents, and there was evidence that residents were supported to avail of these services, as required.

Regulation 17: Premises

Action is required by the provider in order to be compliant with schedule 6 requirements. As evidenced by the following:

- The décor in some parts of the centre was showing signs of wear and tear. Surfaces and finishes, including flooring, were marked and damaged and as such did not facilitate effective cleaning.
- A communal living space called the meeting room was observed to be used as a storage room for wheelchairs, weighing scales and was not conducive to being a comfortable sitting space for residents to enjoy.

Judgment: Substantially compliant

Regulation 20: Information for residents

The centre had a residents guide which detailed information about the centre and the services provided for residents who are admitted to long term care in the centre.

Judgment: Compliant

Regulation 27: Infection control

Some action was required to ensure effective infection prevention and control practices within the centre. This was evidenced by the following findings:

- The hydrotherapy baths in the centre were not effectively cleaned after and between uses. Decontamination cleaning units installed in each bathroom

with a hydrotherapy bath were not in use as they should be therefore, the inspector could not be assured the jets were cleaned to the correct standard. Baths are potentially a high risk source of fungi, bacteria and legionella if not effectively cleaned and decontaminated.
- flooring in one of the communal bathrooms was stained and marked and as such did not facilitate effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure the correct and up to date procedures to be followed in the event of fire were on display.

Whilst fire drills were taking place regularly, fire evacuation maps on display in the centre were not correct as some rooms in the centre were not identified correctly.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Although some care plans reviewed were person centred and contained detailed information to direct care, some action was required as evidenced by the following findings:

- one resident who displayed responsive behaviours did not have a positive behaviour support care plan in place to direct care.
- advanced care directives were not recorded to reflect end of life care preferences for ten residents living in the centre.
- two residents did not have their previous medical history and conditions recorded in their care plan to inform and direct care for staff.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had very good access to medical assessment and review by their General Practitioner(GP). A range of allied health professionals were also available to residents such as physiotherapy, dietetics, tissue viability nursing (TVN) and speech

and language as required. Records reviewed showed ongoing referral and review by these services for the benefit of the residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had up to date training in responsive behaviours and were knowledgeable of their roles and responsibilities particular to their role. The restrictive practice register was reviewed and evidence of re-evaluation and discussion was available.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had not taken all reasonable measures to ensure residents were afforded equitable opportunities to participate in communal life, make choices about their daily routines and to enjoy activities that reflect their individual preferences and interests. For example:

- some residents who required assistance with mealtimes were not facilitated to dine at the same time as more independent residents, limiting opportunities for and inclusive and social dining experience.
- resident questionnaires identified a desire for greater choice and a wider range of meaningful activities, particularly at weekends.
- the activities schedule which was displayed in the centre was not adhered to, whilst the activity staff was engaging with some residents on a one to one basis, there was no group activities to ensure all residents got adequate social stimulation.
- two residents did not have call bells placed near them so they could alert staff when they required assistance.

Judgment: Substantially 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 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Mount Cara Nursing Home OSV-0000747

Inspection ID: MON-0050963

Date of inspection: 01/07/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The person in charge will ensure all required notifications under regulation 31 are submitted with in the time frame. Going forward we will ensure residents who require assistance receive appropriate support in a manner that promotes their dignity choice and social inclusion. This topic will be included in residents meetings. Going forward, all complaints and safeguarding matters will be managed and investigated in line with the center's policy.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The person in charge will ensure all required notifications under regulations are submitted with in the time frame.	

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

The management team will ensure complaints and safeguarding allegations are recorded Appropriately and investigated in line with the complaints procedure and safeguarding policy and will keep record of complaint resolution, learning and the complaint satisfaction level.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

Any areas identified that require maintenance or upgrading have been identified and are included on the maintenance schedule.

Meeting room is now decluttered and fully available for any residents should they wish to use same.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Hydrotherapy baths are to be removed.
Flooring in one of the communal bathrooms will be replaced.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Fire evacuation maps on display now corrected to identify all rooms.

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:

Nurse's meeting has been arranged to discuss importance of positive behavior support care plan, advanced care directive and record of previous medical history in their care plan.
Person in charge will continue to do audits to ensure individual assessments and care plans in place for residents as per regulation 5.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Going forward we will ensure residents who require assistance receive appropriate support in a manner that promotes their dignity choice and social inclusion. This topic will be included in residents meetings.

Activity co coordinators are made aware of resident's desire for greater choice and a wide range of meaningful activities. Group activities are also commenced as per weekly schedule.

Staff are reminded of the importance of keeping call bell near to the residents to alert staff when they require assistance. Person in charge will continue to monitor.

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	15/10/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	18/08/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the	Substantially Compliant	Yellow	15/10/2026

	Authority are in place and are implemented by staff.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	18/08/2026
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	18/08/2026
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	18/08/2026

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	18/08/2026
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	18/08/2026
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	18/08/2026