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:	Oghill Nursing Home
Name of provider:	Eochiall Enterprises Limited
Address of centre:	Oghill, Monasterevin, Kildare
Type of inspection:	Unannounced
Date of inspection:	31 March 2026
Centre ID:	OSV-0000077
Fieldwork ID:	MON-0049926

About the designated centre

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

Oghill Nursing Home is a private family-run 34 bedded centre, open since 1997. The centre is situated in a rural setting, a short drive from the town of Monasterevin. The centre is comprised of 24 single bedrooms and five twin bedrooms, all located on the ground floor. Communal rooms comprised of a sitting room, a day room, a conservatory, a dining room and a link lounge. The centre had an enclosed outdoor courtyard for residents. The centre accepts both male and female residents over the age of 18 years and provides 24-hour nursing care. The centre caters for residents with long-term, respite, convalescence, dementia and palliative care needs. The provider employs nurses, care support staff, catering, household, administration and maintenance staff to meet residents' needs. The centre's statement of purpose stated that its aim is to provide residents with a safe, secure, 'home away from home' environment, which promotes the health and well-being of all. Oghill Nursing Home also aims to provide residents with a person-centred service, access to information and protection of rights and to deliver safe and effective services using the best available evidence and information.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31

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 31 March 2026	09:20hrs to 17:00hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

From what residents told the inspector and what the inspector observed, residents living in Oghill Nursing Home were well cared for and supported to live a good quality of life, by a dedicated team of staff who knew them well. Residents were highly complimentary of the care they received and told the inspector that they felt safe living in the centre. The residents spoke very highly of the staff and management team in the centre and told the inspector 'it's brilliant, couldn't be better' and 'it's wonderful here, if all places were like this we'd be happy.' Staff were observed to deliver care and support to residents which was person-centered and respectful, and in line with their assessed needs. A visitor spoken with told the inspector the centre is 'brilliant, no concerns at all.'

This was an unannounced inspection carried out with a focus on adult safeguarding. During the inspection, the inspector spoke with eight residents to gain insight into the residents' lived experience in the centre and also with four visitors. The inspector also reviewed a range of documentation and spoke with staff and management to review the measures the registered provider had in place to safeguard residents from all forms of abuse.

On the morning of the inspection there was a quiet atmosphere throughout the centre most residents were observed resting in their bedrooms, some were sleeping and others were being assisted by staff in their bedrooms. Later in the morning the communal lounge areas of the centres were seen to be well used and some residents were observed engaging in exercises, watching Mass from a local church on the TV and reviewing current affairs in the newspapers. Mass took place in the centre every two weeks and baking took place every weekend. An activities schedule was on display in the centre and residents spoken with confirmed they had a choice to attend activities and this was respected by staff. Some residents told the inspector that they would like to spend more time outside when the weather improves.

The centre provides accommodation for 34 residents. The centre was visibly clean, tidy and well-maintained. Call-bells were available in all areas. All communal areas were found to be appropriately decorated, styled and furnished to create a homely environment for residents. Many bedrooms were personalised and decorated according to residents' taste. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments, photographs and items of furniture brought in from home. There was safe, unrestricted access to a secure courtyard for residents' use and outside seating areas at the back of the centre. Most residents had a view of the local countryside from their bedrooms. The inspector observed a temporarily unoccupied bedroom that had a very small space between the bed and the wall which posed a risk for a mobile resident. The inspector was informed that the bed had been placed this way temporarily to

facilitate nursing care and would be returned to the original layout when the resident returned.

A large pictorial menu was on display to facilitate residents to choose their meal preference. Food served appeared hot and nutritious and residents gave very positive comments with regards to the taste and quality of the food.

A residents' information board displayed items of interest such as the FREDA principles (Fairness, Respect, Equality, Dignity, Autonomy.) Local and national advocacy services and information on the nursing home support scheme was also on display for residents and their visitors.

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

Capacity and capability

Overall, the inspector was assured that residents in the centre were well cared for in a supportive, caring and well resourced way. There was good leadership evident from the management team. The centre had a good regulatory history and the findings of this inspection confirmed that the registered provider had the capacity and capability to safeguard the residents from any forms of abuse. Nonetheless, oversight was not sufficient in some areas to ensure the service was consistent, safe, appropriate and effectively monitored as further outlined under Regulation 23: Governance and Management. Other quality and safety areas that required improvement are discussed further in the report and outlined under the relevant regulations.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended). This inspection had a specific focus on the provider's performance with respect to safeguarding adults.

Eochiall Enterprises Limited is the registered provider of Oghill Nursing Home. This is a family run centre; the registered provider has five company directors, three of whom are involved in the day-to-day running of the centre. One of the directors is the person in charge, a second director supports the person in charge in an assistant director of nursing role. A third director supports the centre in an administrative role. The person in charge is also supported in their role by a clinical nurse manager, staff nurses, care assistants, housekeeping, catering and maintenance staff. There were clear lines of accountability and staff were knowledgeable about their roles and responsibilities.

There were systems in place to monitor the quality and safety of the centre. Weekly clinical governance reviews took place by the management team to review the quality of care provided. Regular staff meetings were seen to take place. A system of audits was in place to maintain oversight of the centre. The registered provider had completed an annual review of the service for 2025 and this was available on the day of the inspection.

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 needs of older persons in their care and respectful of their wishes and preferences. All staff working in the centre were Garda vetted before commencing their roles however, this inspection found that two company directors did not have up-to-date garda vetting certificates. Assurances were provided by the provider that this had been applied for one company director and would be also be applied for the other company director. All registered nurses working in the centre had up-to-date registration certificates.

The inspector reviewed the complaints received and found that one written complaint had not been managed in line with the provider's policy on complaints management.

A review of training records indicated that all staff were up-to-date with mandatory training in relation to safeguarding vulnerable residents. Staff spoken with were aware of their role in protecting and safeguarding residents and how to report a concern and identify all forms of abuse. There were records of staff appraisals and ongoing supervision arrangements were in place for staff.

Regulation 15: Staffing

On the day of the inspection there were adequate staffing levels available to meet the needs of the current residents, taking into consideration the size and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role, and staff demonstrated an appropriate awareness of their training and their role and responsibility in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 23: Governance and management

While there was a clearly defined management structure in place, the management of complaints and systems that were in place to monitor and oversee the quality and safety of the service required strengthening. For example:

- Garda vetting was not up-to-date for two company directors. The inspector acknowledges that this was applied for on the day of the inspection for one director actively working in the centre.
- The management of complaints required review to ensure the registered provider was providing a response to complainants in line with their own policy.

Judgment: Substantially compliant

Quality and safety

Generally, this inspection found that the provider was proactive in their approach to safeguarding residents and appropriate measures were taken to protect residents from harm. A human-rights based approach was taken to ensure that residents had a good quality of life and that there was a person-centred approach to residents' care. Some improvement was required concerning individual assessment and care planning to ensure that information relevant to safeguard a resident, where concerns had been previously raised, were accurately documented in the resident's care plan.

The provider had ensured all staff had training in managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). At the time of the inspection there were no residents identified as displaying responsive behaviours. Interactions between staff and residents were respectful and person-centred. The centre had a large amount of bed rails in use by residents and from a sample of residents' files reviewed the inspector found that these practices had been frequently reviewed with risk assessments in place.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of residents' care plans, which were reviewed every four months or more frequently if required. The inspector reviewed a sample of these care plans and found that they were generally person-centred and reflected

the care needs of the residents. Some minor gaps identified are discussed further under Regulation 5.

The registered provider had systems in place to safeguard residents from abuse. The provider had a safeguarding policy to guide staff in recognising and responding to allegations of abuse. All possible safeguarding concerns had been identified and reported.

Residents' rights were promoted in the centre. Residents were free to exercise choice in how to spend their day. There were opportunities for the residents to meet on a regular basis and provide feedback on the quality of the service. Meetings of residents' meetings were reviewed and included information and discussion on rights and choices, safety and concerns or complaints. An outcome and action plan was developed following these meetings as required. Individual activities charts were maintained for each resident to document their engagement and preferences for each daily activity. These included one-to-one activities such as hand and nail care. Activities assessments and care plans were up-to-date and detailed to guide care in this area.

Regulation 10: Communication difficulties

The registered provider had arrangements in place to ensure residents who experienced communication difficulties were appropriately assessed, and supported to enable residents to make informed choices and decisions. Staff demonstrated an appropriate knowledge of each residents' communications needs, and the aids and appliances required by some residents to support their needs.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

From a sample of care plans reviewed care plans were generally person-centred however, one resident's care plan required updating to ensure they reflected the specific needs of the resident. For example:

- A resident with an identified safeguarding issue did not have the mitigation measures to prevent re-occurrence outlined in their care plan posing a risk to the resident.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Inspectors found that care plans for residents with restrictive practices in place were detailed and had a person-centred approach. A restrictive practice register was established and maintained in the centre. Where restrictive practice was in use, appropriate risk assessments had been completed.

Judgment: Compliant

Regulation 8: Protection

Residents who spoke with the inspector said they felt safe living in the centre. Staff were aware of their responsibilities regarding reporting of safeguarding concerns. Safeguarding issues which had been identified were investigated and had appropriate action taken to protect the resident. The centre was not a pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre. There was evidence of consultation with residents through two monthly residents meetings and surveys. Residents who spoke with the inspector confirmed that their choices were respected. Residents who required advocacy services were referred to them when needed.

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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oghill Nursing Home OSV-0000077

Inspection ID: MON-0049926

Date of inspection: 31/03/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Garda vetting was applied for both company directors on the day of inspection and was approved on 22.04.26 and 23.04.26. Both Garda Vetting disclosures were forwarded to HIQA on 27.04.26. An annual staff audit is conducted to ensure all staff including the directors have up to date Garda Vetting. A review has been undertaken of the complaints management process ensuring compliance and adherence to the Centre's Management of Complaints policy.	
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: The resident's safeguarding care plan has been reviewed and updated to include the safeguarding interventions and control measures to ensure the resident's safety and protection. Care plans are reviewed 4 monthly and/or sooner as changes occur.	

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 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	23/04/2026
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	01/04/2026