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:	Clarehaven
Name of provider:	Health Service Executive
Address of centre:	St Canices Road, Glasnevin, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	03 September 2025
Centre ID:	OSV-0007745
Fieldwork ID:	MON-0047931

About the designated centre

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

Clarehaven Community Unit is located in Glasnevin. The centre was refurbished in 2019 and provides residential care for 47 older persons who are of medium, high and maximum dependency. The centre accommodates both male and female residents who are primarily over the age of 65. The centre consists of two single-storey buildings which are divided into two units, Clarehaven and Seanchara. There is a variety of twin and single rooms, and communal areas include living rooms, visitor rooms and a hairdressers. Clarehaven Community Unit aims to provide a quality holistic service to older persons, delivered by skilled professionals that are person centred and recognise the rights and needs of each individual and their family.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42

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 3 September 2025	09:00hrs to 17:15hrs	Niamh Moore	Lead

What residents told us and what inspectors observed

The inspection took place in Clarehaven in Glasnevin, Dublin 11. From what residents told the inspector and what the inspector observed, the overall feedback received was that residents were happy living in the centre and felt safe. Visitors spoken with were complimentary of the care that their family members received and the communication they received from staff.

Shortly after arrival at the designated centre and following an introductory meeting the inspector completed a walk around of the designated centre with members of the management team. Clarehaven consists of two separate units, called Clarehaven and Seanchara which provides care for 47 residents, there were 42 residents living in the centre on the day of the inspection. The Seanchara unit provides accommodation for 24 residents, and is a much larger unit containing offices, such as for the person in charge and multi-disciplinary team members. In addition there were ancillary areas for the designated centre such as the kitchen and access to the laundry and linen rooms. The Clarehaven unit provides accommodation for 23 residents. Both units are self-contained and have living and dining spaces, and have additional communal spaces such as activity rooms and access to external enclosed courtyards.

Overall both units were homely, bright, clean and well-maintained. Since the last inspection, the Seanchara unit had been painted and some areas of flooring had been replaced. However, inspectors observed that due to limited storage available in the Clarehaven unit, the shared bathrooms were used to store items such as residents' equipment of high support chairs and wheelchairs, which limited access to these areas. Management told the inspector that they were aware of this and a new external storage facility was approved to be installed by the end of the year.

Bedroom accommodation was in single and twin bedrooms. Residents had access to en-suite facilities and shared bathrooms. The inspector viewed a sample of bedrooms and saw that they were personalised with residents' belongings and had sufficient storage facilities for residents' clothes. Residents said that they were happy with their bedrooms.

Information available to residents was displayed on noticed boards. These including leaflets on areas such as the complaints policy, safeguarding, advocacy services, infection control measures and the residents guide. The inspector observed meaningful engagement between staff and residents throughout the inspection. Residents participated in activities such as art, cognitive stimulation therapy, and aromatherapy. There was a group activity which involved using a large colourful parachute to move a ball around. Residents appeared to enjoy the social activities available on the day and some were seen to join in and actively participate, while others watched and enjoyed the fun being had. Residents were also supported to watch mass on the television.

The inspector observed the dining experience in the Clarehaven unit and saw that some residents were eating in their rooms, while the majority chose to eat in the dining room, which was seen to be a social occasion. During the lunch-time service, residents were given a choice of two options, such as turkey and salmon on the day of the inspection. Meals were well presented, and there was a choice of drinks also available. There was adequate levels of staff to support each resident. Overall, residents spoken with were complimentary regarding the food provided, with comments such as "lunch is always great."

Residents were complimentary of the care they received, and included comments that staff were responsive to call bells, and that they felt well cared for. However, one resident reported that at times it can be noisy at night time. Another resident spoken with told the inspector that they had raised a concern with staff and they were happy with how this was being managed. Visitors spoken with reported that staff were very friendly, they were happy with the visiting arrangements and the environment, reporting that the centre was always clean.

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 provided.

Capacity and capability

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 (as amended). This inspection also followed up on the compliance plan from the last inspection, reviewed solicited and unsolicited information, and was also used to inform the upcoming renewal of registration for the designated centre. The inspector found that services were delivered by a well-organised management and staff team, and action had been taken to address the majority of the findings of the previous inspection.

Clarehaven is operated by the Health Services Executive (HSE). The general manager of Older Person's services in Community Healthcare Organisation 9 is the person delegated by the provider with responsibility for senior management oversight of the service. A director of nursing had also been notified to the Office of the Chief Inspector as a person participating in the management of the service, who provides governance and support to the person in charge. The person in charge was the assistant director of nursing and they worked full time within the designated centre.

A completed application for the renewal of the centre's registration had been received by the Chief Inspector of Social Services prior to the inspection and was under review. The provider had updated the statement of purpose and floor plans during this application. However, both documents required further review to ensure

that they accurately reflected the facilities and management structure provided within the designated centre. In addition, the registered provider had committed to completing a fire safety risk assessment relating to the amended floor plans and submitting this to the Chief Inspector.

The person in charge was supported in their role by two clinical nurse managers grade 2, assigned to each unit, two clinical nurse managers grade 1, nursing staff, healthcare assistants, activity staff, housekeeping and catering staff. The designated centre was also supported by a medical officer, allied health professionals and administrative staff. The inspector was told of some staff vacancies, some which had been recruited for, including a physiotherapist. On the day of the inspection, some of these vacancies were being covered by agency staff. The inspector found that there was sufficient staff available on the day of the inspection.

The registered provider had prepared a statement of purpose which had been revised at intervals of not less than one year. The inspector saw that policies in accordance with Schedule 5 were in place and had been reviewed within the last three years. However, some policies had not been updated in line with recent changes to the regulatory requirements.

The required records were available and were easily retrievable for inspection. A sample of staff records set out under Schedule 2 of the regulations were reviewed and evidenced each staff member had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 prior to the commencement of their employment. However, there were some gaps identified in staff documentation which is further outlined under Regulation 21: Records.

There was a clearly defined management structure that identified the lines of authority and accountability. There were good management systems in place which included meetings and committees, tracking of clinical data and auditing. The inspector found that where areas for improvement were identified, there was a timebound plan in place to ensure the appropriate action would be taken. An annual review of the quality and safety of care provided to residents in 2024 had been completed by the person in charge, with action plans for quality improvement set out for 2025 to include a falls committee. The review also contained feedback received through the residents' survey.

Following the last inspection, the volunteer policy was revised and there was a new volunteer agreement in place to outline the volunteer's clear role and person appointed to supervise them. However, there was no documented supervision in place available for review.

The centre followed the HSE your service your say feedback process for the complaints procedure, and this was on display within a prominent position within the centre.

Registration Regulation 4: Application for registration or renewal of registration

An application was received by the Chief Inspector as part of the renewal of registration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, the registered provider had ensured that the number and skill-mix of staff was appropriate having regards to the needs of the 42 residents, assessed in accordance with regulation 5, and the size and layout of the designated centre. For example, there was a minimum of two nurses available at all times in each unit.

Judgment: Compliant

Regulation 21: Records

Incomplete information was identified in the documentation of Schedule 2 staff files. For example, a full employment history, together with a satisfactory history of any gaps in employment was not available for three out of four files reviewed.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was evidence of good and safe systems in place to oversee the service. For example, there was sufficient action taken to address the areas set out in the compliance plan of the last regulatory inspection. In addition, there were investigations into serious incidents and following a sample review, the inspector saw that these outlined learning and had recommendations in place.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing, a statement of purpose relating to the designated centre which contained all of the information set out in Schedule 1.

Judgment: Compliant

Regulation 30: Volunteers

The volunteer policy dated April 2025 outlined that there would be a line manager identified with communication both formal and informal, an induction checklist and mandatory training. However, this supervision was not seen for all persons involved within the designated centre on a voluntary basis.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints log was made available to the inspector for review and saw that there was a low level of complaint received with one complaint within the last year. This complaint was managed locally and effectively.

Judgment: Compliant

Regulation 4: Written policies and procedures

Not all policies were reviewed as required. For example, the risk management policy and safeguarding policy did not include the changes to the regulations. The registered provider was aware of this and informed the inspector these documents were in draft format currently.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents living in Clarehaven were receiving a good standard of care by a dedicated staff team who knew them well and who worked hard to ensure their preferred support needs were catered for.

On the day of the inspection, the registered provider was a pension agent for nine residents. Statements were provided to residents every three months to detail their account balance and any credit and debit charges during this time. In addition, there were systems in place for residents to be supported to access money from their accounts by administration staff, and petty cash was available if residents required this outside office hours.

Information boards were available within the designated centre which outlined details including contact information for independent advocacy services. Positive interactions between residents' and staff were seen to take place and the inspector was assured residents' rights were upheld. An annual survey was conducted and regular residents' meetings were held to gain residents input into the organisation of Clarehaven. Minutes of a recent meeting in June 2025 referenced that residents were informed of the safeguarding and complaints processes, if they wished to report a concern.

Overall, the design and layout of the premises met residents' needs. Service records were available for equipment such as hoists. The centre was found to be appropriately decorated to provide a homely atmosphere, particularly the Seanchara building, which had been repainted and flooring was also repaired since the last inspection. However, as previously stated a lack of storage was evident, particularly in the Clarehaven unit of the centre which the registered provider had a timebound action plan to address.

A residents' guide was available and included a summary of services available, it had also recently been updated following the regulatory changes to include how to access inspection reports for the centre and all other requirements.

Regulation 17: Premises

The premises conformed to the matters set out in Schedule 6. The inspector was assured that maintenance was logged and acted upon by management and assigned staff.

Judgment: Compliant

Regulation 20: Information for residents

The residents guide was available to residents and contained all of the required information.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunities to participate in activities in accordance with their interests and capacities. Activities occurring on the day of the inspection reflected the activity schedule and were seen to promote the physical health, mental health, well being and socialisation of residents.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with reported to feel safe within the designated centre. Following a sample review, the inspector found that for residents that the provider acted as a pension agent for, there were sufficient measures in place to ensure residents' personal monies were protected.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Clarehaven OSV-0007745

Inspection ID: MON-0047931

Date of inspection: 03/09/2025

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: Recruitment will ensure that all new staff joining Clarehaven Community Nursing Unit, submit a full employment history, with satisfactory explanations provided for any gaps in employment. The Person in Charge in Clarehaven Community Nursing Unit shall review staff files and provide assurance to the Registered Provider and PPIM's, the gap in employment is accountable for and no risk involved. This will be completed by 31st March 2026.	
Regulation 30: Volunteers	Substantially Compliant
Outline how you are going to come into compliance with Regulation 30: Volunteers: Informal supervision for volunteers is currently provided by the activity co-ordinator in the centre. Going forward, clinical nurse managers will complete an annual supervision meeting with all volunteers and the volunteer policy has been amended to reflect this. Supervision meetings have been scheduled for all current volunteers and will be completed by 31st of October 2025.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:	

The risk management policy and safeguarding policy were both updated to reflect the changes in legislation in June 2025. The draft policies were circulated to the HIQA readiness working group for review in July 2025 and were circulated to the policy, procedures, protocol committee at the centre in August 2025. The policies have now been signed off by the Director of Nursing and have been circulated to the Person in Charge at the centre. The new policies will be discussed at the handover and safety pauses with all staff for the next two weeks and copies of the updated policies will be printed out and put in the nurse's station for staff to read by 10th October 2025.

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	31/03/2026
Regulation 30(b)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre receive supervision and support.	Substantially Compliant	Yellow	31/10/2025
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where	Substantially Compliant	Yellow	10/10/2025

	necessary, review and update them in accordance with best practice.			