



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

Issued by the Chief Inspector

Name of designated centre:	Clondalkin Lodge Residential Home
Name of provider:	Bartra Op Co (Clondalkin NH Pres) Limited
Address of centre:	New Road, Clondalkin, Dublin 22
Type of inspection:	Unannounced
Date of inspection:	20 January 2026
Centre ID:	OSV-0008600
Fieldwork ID:	MON-0040959

About the designated centre

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

Clondalkin Lodge Residential Home is located in the centre of Clondalkin Village, with the convenience of the M7 and M50 motorways, and is close to a variety of shops and restaurants. The centre can accommodate 147 residents, male and female over the age of 18 years. There are 145 single bedrooms, and one twin bedrooms, all of which are en suite. Clondalkin Lodge Residential Home aims to provide a person-centred, caring, and safe alternative for older persons with varied care needs in a professional and empathetic manner.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	144
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 20 January 2026	09:55hrs to 18:00hrs	Mary Veale	Lead
Wednesday 21 January 2026	07:45hrs to 16:00hrs	Mary Veale	Lead
Tuesday 20 January 2026	09:55hrs to 18:00hrs	Bernadette McDonald	Support
Wednesday 21 January 2026	07:45hrs to 16:00hrs	Bernadette McDonald	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place over two days by two inspectors. Over the course of the inspection, the inspectors spoke with 20 residents, visitors and staff to gain insight into the residents' lived experience in the centre. All residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. The residents reported that the staff were "very helpful" and "very nice". The inspectors spent time in the centre observing the environment, interactions between residents and staff, and reviewed various documentation. Interactions observed were person-centred and courteous. Notwithstanding this some observations of staff interactions with residents during meal times required further oversight.

On the first day of the inspection the inspectors were met by the receptionist who guided them through the sign-in procedure. Inspectors walked around the centre initially and then a brief introductory meeting was then held with members of the registered provider's management team.

Clondalkin Lodge residential home is purpose-built and is located on the outskirts of Dublin city, close to local amenities and is serviced by a number of Dublin bus routes. The centre is arranged over four floors and is currently registered to provide accommodation for 147 residents. There were 144 residents living in the centre on the day of inspection. The centre comprises of 145 single-occupancy bedrooms and one twin-occupancy bedroom. Bedrooms had en-suite shower, toilet and wash-hand basin. Bedrooms had comfortable seating and most were personalised with belongings from home, such as family photographs, artwork, bedding and ornaments. The bedrooms had a call-bell, locked storage and a television.

Residents had access to several communal areas, including dining rooms, day rooms and visitor's areas. Many residents were observed by the inspectors to be up and mobilising around the centre. Residents were well-presented and neatly-dressed. Some residents were also observed sitting in smaller seating areas near the nurse's stations on certain floors watching the comings and goings. Photographs of residents enjoying different activities were also displayed throughout the Centre, with residents enjoying trips to the National concert hall and attending a Christmas party. On the first day of inspection a number of residents were going the national concert hall for the day.

There was an outside enclosed garden available to residents which was easily accessible through a day room. Ample outside seating and planting areas were well maintained and created a pleasant outside environment which was accessible to wheelchair users. A designated smoking area for residents was located in the garden space, with relevant fire safety equipment.

Activity notice boards throughout the centre clearly showed the planned activities for the day ahead. The inspectors observed activities taking place in day rooms throughout the two days. On the first day of inspection live music was available for the residents. Activities staff informed inspectors about activities such as knitting groups and "magic table" activities. Inspector's observed residents seated in day rooms alongside each other listening to music on the TV. Staff engagement with residents was minimal during this time.

Residents' views and opinions were sought through resident meetings and satisfaction surveys and the results confirmed they felt they could approach any member of staff if they had any issue or problem to be solved. Roman Catholic Mass was celebrated in the centre weekly. Outside of mass, a local congregation of nuns attended the centre almost daily and provided a weekly recital of the Rosary. Details of advocacy services and the complaints procedure were also displayed throughout the centre to inform residents.

The residents had access to adequate quantities of food and drink. Residents were offered a choice of wholesome and nutritious foods at each meal, and snacks and refreshments were available throughout the day. For the most part residents were supported during mealtimes, however inspectors observed that residents receiving their lunch in their bedrooms were not assisted with their meals in a timely manner and food remained on the tray for long periods. This led to food going cold and in some cases residents not eating their food at this time. Other interactions observed in the dining room experience such as providing assistance in a respectful and dignified manner were visible but it was also observed that some staff did not engage fully with residents while assisting with meals or ask the resident for consent to apply a clothing protector. This is discussed further under Regulations 9: Residents rights and Regulation 18: Food and nutrition.

The inspectors spoke with many visitors throughout the two days of inspection, all of whom were complimentary about the staff. They gave positive feedback about their experience living in the centre. Family members spoken with expressed a good level of satisfaction with the care provided in Clondalkin Lodge Residential Home.

The centre had contracted its laundry service for residents clothing to a private provider. All residents' whom the inspectors spoke with on the days of inspection were happy with the laundry service.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a well-governed centre with effective management systems in place to monitor the quality of care to residents. Further improvements were required in relation to training, staff oversight at mealtimes, fire and security measures on access points between the designated centre and a private assisted living area, infection prevention and control measures and staff engagement with residents. These findings will be detailed in the report under the relevant regulations.

This was an unannounced inspection conducted to monitor the provider's compliance with the Health Act 2007) (Care and Welfare of Residents in Designated Centres for Older People) regulation 2013. The inspectors followed up on actions taken to address areas of non-compliance found on the previous inspection in March 2025, and also followed up on solicited and unsolicited information received by the office of the Chief Inspector since the last inspection.

The registered provider had applied to renew the registration of Clondalkin Lodge Residential Home. The application was timely made, appropriate fees were paid and prescribed documentation was submitted to support the application to renew registration.

The centre is owned and operated by Bartra Op Co (Clondalkin NH pres) Limited. There was a clear governance and management structure in place in the centre and the registered provider had ensured that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose. The person in charge was supported in their role by named members of the registered provider entity, as well as an assistant director of nursing and a number of clinical nurse managers. Other staff members included nurses, health care attendants, activity coordinators, housekeeping, laundry, catering, maintenance and administration staff. Overall, the staffing and skill mix on the days of inspection appeared to be appropriate to meet the care needs of residents. Call bells were answered promptly on the days of inspection.

Management oversight systems were in place included meetings, committees, service reports and auditing. Records of clinical governance meetings, and staff meetings which had taken place since the previous inspection were viewed on this inspection. Governance meetings took place monthly, staff meetings took place quarterly in the centre. Since the previous inspection falls audits, care planning audits, nutrition audits, infection control audits, and medication audits had been completed. Notwithstanding these good practices identified in communication systems, further improvements were required in oversight of audit systems and the systematic approach to storage of information in relation to complaints management. Further strengthening was also required of fire safety systems and security systems between the designated centre and the adjacent independent living space which was not part of the designated centre. This is discussed under Regulation 23: Governance and management.

The annual review of the quality and safety of care to residents in 2025 was under review at the time of inspection. An annual review of the quality of the service completed in 2024.

There was an ongoing schedule of training in the centre. An extensive suite of mandatory training was available to all staff. There was a high level of staff attendance at training in areas such as safeguarding, fire safety, manual handling, and infection prevention and control. Staff with whom the inspectors spoke with, were knowledgeable regarding safeguarding procedures. Safeguarding training took place in the centre on the second day of inspection. However; further improvements were required in staff training and the supervision of staff, this is discussed further in this report under Regulation 16: training and staff development.

Inspectors reviewed a record of incidents that had occurred in the centre. All incident had been managed in line with regulations 31, Notification of incidents.

The inspectors reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents who spoke with the inspectors were aware of how to make a complaint and to whom a complaint could be made.

Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner.

Judgment: Compliant

Regulation 15: Staffing

On the inspection days, staffing was found to be sufficient to meet the residents' needs. There was a minimum of four registered nurse on duty for the number of residents living in the centre at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to

ensure all staff had relevant and up to date training to enable them to perform their respective roles.

There were arrangements for staff supervision in place, with senior management present each day, with oversight of day to day practice in the centre. Notwithstanding this good practice; examples were seen where the supervisory processes in place did not ensure that:

- Residents who wished to have their meals in their bedroom received their meals without delay. This will be discussed under Regulation 18: Food and nutrition.
- Some pressure-relieving mattresses and a cushion were set incorrectly, not reflecting the correct weight of the residents. This posed a risk that the mattresses would not be effective and could potentially cause further skin damage. This will be discussed further under Regulation 6: Healthcare.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had a current insurance policy in place.

Judgment: Compliant

Regulation 23: Governance and management

While there was a range of governance and oversight practices in place, some management systems required improvement to ensure that the service provided was safe, appropriate and effectively monitored. For example;

- Security systems between the private independent assisted living area adjacent to the designated centre did not ensure clear separation between the services. A digital fob and code system was observed in use between the designated centre and the independent living space. However, on the morning of the second day of the inspection a door on the first floor between the designated centre and the private independent living area was open. This meant that there was a potential risk to the safety and security of the residents living in the designated centre which could lead to an unauthorised access from the independent living space or a potential injury to a resident.
- Further strengthening of fire systems was required as on the first day of inspection the fire alarm was accidentally activated which resulted in the electronic door lock system between both areas being deactivated by design. Staff in the centre were required to attend to the doors between the

designated centre and the independent living area. This could lead to a potential risk to resident care and safety as staff were required to leave the unit areas to manage the doors between the designated centre and the independent living area.

- Examples were observed where audits that had been completed did not reflect observations found on this inspection. For example; findings in care plan and dining experience audits did not reflect the findings on the days of inspection.
- The oversight of systems for the storage of cleaning products in the designated centre required strengthening. A bottle of bleach was observed left in an assisted toilet. This posed a safety risk to residents in particular those with a cognitive impairment as it may be an ingestion risk.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre.

The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Quality and safety

Residents who could express a view were satisfied with the quality of the care they received and the inspectors observed some pleasant engagement between staff and residents throughout the inspection. Notwithstanding these positive findings, the inspectors found that care planning, residents' rights, the premises, food and nutrition and infection prevention and control did not align fully with the requirements of the regulations.

The inspectors viewed a sample of residents' records and care plans. There had been some improvements in the standard of care planning but further improvements were required to ensure that they were person-centred and updated to guide safe and effective care. Details are presented under Regulation 5: Individual assessment and care plan.

Residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required. The centre had access to GP's from local practices. Residents had access to a mobile x-ray service referred by their GP which reduced the need for trips to hospital. There were local dental and pharmacy services available also. Residents who were eligible for national screening programmes were also supported and encouraged to access these. Despite having access to these services, further improvements were required in healthcare. This is discussed further under Regulation 6.

Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. All interactions between staff and residents were observed to be respectful throughout the inspection. Residents reported that they felt safe living in the centre. The provider was acting as a pension agent for nine residents living in the centre. Records reviewed found these pensions were paid into a separate residents' client account to ensure residents' finances were safeguarded. The provider held quantities of monies in safe keeping for a number of residents and had a transparent system in place where all lodgements and withdrawals of residents' personal monies were signed by two staff and logged. The provider also audited the balances on a regular basis in line with the centre's policies.

Residents with communication difficulties were supported by staff. Care plans viewed for residents who had difficulties communicating reflected the care and support that was being delivered.

Overall, the premises were designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had space for their belongings. The general environment, including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained. However, works were required to ensure that the lighting was suitable for residents in some of the corridor

areas and did not potentially pose a risk of sensory impairment and possible falls. This is discussed under Regulation 17: Premises.

The provider had systems to oversee the centre's infection prevention and control (IPC) practices. Hand sanitiser dispensers were conveniently located in all corridors to facilitate staff compliance with hand hygiene requirements. Staff were observed to have good hand hygiene practices. Personal protective equipment (PPE) stations were available on all corridors to store PPE. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. There was an IPC policy available for staff which included COVID 19 and multi-drug resistant organism (MDRO) infections. There was evidence that infection prevention control was an agenda item on the minutes of the centres staff meetings. IPC audits included, the environment, and antibiotic usage were evident. Notwithstanding these good practices, some areas for improvement were identified to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018), as discussed under Regulation 27.

A choice of meals and snacks were offered to all residents. A daily menu was available for residents' in the dining rooms. Residents on modified diets received the correct consistency meals and drinks. The dining experience observed on all floors was relaxed. Residents' weights were routinely monitored. Improvements were required in the residents dining experience for those who choose to have their meals in their bedrooms. This is discussed further under Regulation 18: Food and nutrition.

Residents had the opportunity to meet together and discuss relevant issues at resident committee meetings in the centre. An activity schedule was available and activities were available from Monday to Sunday. Residents had access to an independent advocacy service. Residents has access to daily national newspapers, books, televisions, and radio's. Mass and a rosary recital took place in the centre weekly which residents said they enjoyed. Further improvements were required to residents rights, this is discussed under Regulation 9.

Regulation 10: Communication difficulties

From a review of residents records it was evident that residents who had specialist communication requirements had these recorded in their care plan and appropriate supports in place.

Judgment: Compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- A review of the lighting system was required as lights were observed flickering in some of the corridor areas of the centre. This had the potential to impact residents who were photosensitive to have an increased risk of falls or residents who had epilepsy to trigger a seizure.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents who choose to have their meals in their bedroom or those residents who could not attend the dining room did not have their food served appropriately. For example; during the meal time experience on the second day of inspection, five lunch time meals were observed un eaten and cold on trays in front of residents who required assistance with eating. This was brought to the attention of staff.

The dietary needs of residents, as prescribed by healthcare or dietetic staff were not always provided for. For example;

- Residents who were prescribed a high-protein, high-calorie diet were not provided with high-protein drinks at lunch time meal on both days of inspection. Health care records viewed by the inspectors outlined specific instructions from dietitian services to provide protein-rich drinks' such as milk' with the resident's meals.

Judgment: Substantially compliant

Regulation 27: Infection control

Actions were required to ensure the environment was as safe as possible for residents and staff and that the national standards were being fully applied. For example;

- The inspectors were informed that the contents of urinals and urinary catheters were manually decanted into residents' toilets. This practice could result in an increase environmental contamination and cross infection.
- The inspectors observed staff wearing facial masks incorrectly.
- The underneath of some shower chairs and commodes were observed to be unclean.

- The outlets were observed of some clinical hand wash basins were observed to not be clean. This posed a risk of contamination to staff when washing their hands.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Examples were seen where appropriate care plans had not been prepared to reflect residents needs. For example:

- A residents who could not engage in meaningful conversation, had a care plan detailing that they liked to chat with other residents and was encouraged to communicate their wishes.
- A resident who was involved in a safeguarding incident did not have a safeguarding plan in place.

Judgment: Substantially compliant

Regulation 6: Health care

Examples were seen where residents needs were not being met in relation to pressure reliving care. A number of pressure-reliving mattresses, for residents at risk of compromised skin integrity, were not set up accurately to correlate with the resident's weight. For example:

- One resident who weighted 61.7kgs had their mattress set at 50kgs.
- One resident who weighted 31kgs had their mattress set at 50kgs.
- One resident who weighted 84kgs had their mattress set at 120kgs.

This would impact the effectiveness of the pressure reliving support and was a repeated finding on the previous inspection.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

There was a lack of meaningful activities available for residents in the centre, which meant that, for the most part, residents were not participating in activities of interest to them. For example:

- Residents were observed with a word search activity who required assistance. Staff were observed not engaging or providing assistance with the residents.

A small number of examples were seen where residents were not supported to make a choice. For example;

- Staff were observed placing food protectors on residents during a mealtime experience on the second day. Staff did not engage in conversation with residents as to whether it was their preference to wear a food protector.
- Staff were observed filling up residents glasses with cordial, did not engage with the residents nor offer a choice of other drinks.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Clondalkin Lodge Residential Home OSV-0008600

Inspection ID: MON-0040959

Date of inspection: 21/01/2026

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Clondalkin Lodge has an ongoing schedule of training in place with an extensive suite of mandatory training available to all staff. There is 100% staff attendance at training in areas such as safeguarding, fire safety, manual handling, and infection prevention and control.</p> <p>There is a Standard Operating Procedure for Intentional Rounding in place since April 2025, which staff nurses would conduct during their shifts. Checks on the settings of pressure-relieving mattresses, if in use by residents, have been included to ensure that they are reviewed on a daily basis. The importance of ensuring the right setting for the right weight was reiterated during staff meetings held on 6th February 2026 for HCAs and on 10th & 12th February for staff nurses following the inspection. An information sheet on how to calculate the correct setting was posted on all floors' nurses' notice boards, and also a small sticker was placed on all pumps in use</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Clondalkin Lodge is a well-governed centre with effective management systems in place to monitor the quality of care to residents. There are clear governance and management</p>	

structure in place, and the registered provider always ensures that the centre is adequately resourced to deliver care in accordance with the centre's statement of purpose. The person in charge is supported in their role by named members of the registered provider entity, as well as an assistant director of nursing and a number of clinical nurse managers. Other staff members included nurses, health care attendants, activity coordinators, housekeeping, laundry, catering, maintenance and administration staff.

- The security system between the private independent assisted living area and the designated Centre does provide a clear separation between services. There is a digital fob system in use between the two areas that are totally separate. The sisters' fobs can only access their facility and vice versa; this ensures clear separation. While the door leads to the Presentation Sisters' facility, this door is not an entrance or exit door. The sisters have their own separate entrance and lift to their facility. For added security, the landing corridor between the unit and the landing corridor is also secured with keypad access on both sides. To further increase the security, the doors to the Independent Unit will be added to the daily checklist for emergencies and the escape route from 9 March 2026.
- Clondalkin Lodge has robust fire procedures in place between the centre and the Independent Living area, detailed in our fire management policy and displayed around the home. Both day and night fire drills are conducted at least quarterly, and the outcome is recorded. While these procedures are in place and staff ensure they man all exit routes, the PIC will ensure that staff are placed in all lift lobbies between the Independent Living Unit and the Centre.
- There is a well-developed auditing system in place for managing all risks, and DON/ADON are experienced and competent in carrying out, throughout the year. Audits are conducted on a weekly, monthly, quarterly, biannual and annual basis.
- While the quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis, the DON and ADON will ensure that all audits conducted will identify areas for improvement, identify actions and ensure that actions are specific, measurable, attainable, realistic, timely and will lead to quality improvement. A full review of the current Care Plan and dining experience Audit will be conducted to ensure that the audit used reflects all aspects. This review and changes made to the audit will be concluded by 30/04/26, and if required, a new audit will be implemented.
- The requirement under the Health Act to have a quality improvement plan in place for the Annual review was only introduced in March 2025 and would not have been applicable to the 2024 annual review that was reviewed. The 2025 Annual review has been completed with a quality improvement plan.
- The bottle of bleach that was left in an assisted toilet was removed immediately, and inspectors were informed that this was an oversight and not common practice. Household staff were informed to be more vigilant in this regard.

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Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A full explanation was given to the inspectors on the day of the inspection in relation to the lights. The Chief Risk Compliance and Services Officer explained to the inspector that this was an issue and showed them the plan that was currently in place to rectify this issue. It was an issue that was highlighted by Clondalkin Lodge, was on the Risk Register, and the inspectors were shown several minutes of weekly meetings held between the Group Maintenance Manager and the Chief Risk Compliance and Services Manager, highlighting the issue and the ongoing works rectifying the matter. The inspectors were also shown emails between Clondalkin Lodge and the Electrical company carrying out the ongoing works. The works have since concluded.</p>	
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Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>All the menus in Clondalkin Lodge are nutritionally analysed by a qualified dietitian prior to the menu cycle commencing. In addition, any new residents' dietary requirements are sent to the kitchen on the day of admission, and updates are sent to the kitchen for all residents daily or if changes are made following SALT or Dietitian review.</p>	
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Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

The PIC will continue to ensure that all staff adhere to the appropriate use of PPE, especially the wearing of Face Masks. On the night following the inspection on 21st January 2026, the PIC had a meeting with all night staff and reiterated the importance of the appropriate wearing of face masks. On 30th January, the PIC ensured that all appropriate signage was in place regarding the wearing of face masks and instructed all CNM and SN to ensure it remained part of the daily handovers. They also sent an email to all floors on 23rd January 2026, re the importance of adhering to the HPSC guidelines on the wearing of face masks. Regular spot checks will be completed to monitor compliance. During the same meeting, the importance of the appropriate disposal of urinals and urinary catheters was reiterated to reduce the risk of cross-contamination.

All Clinical Handwash sinks were reviewed by the Housekeeping manager on the day of inspection, once the issue was pointed out to the PIC. On the same day, the Household Manager updated the daily clearing checklist to ensure that the clinical hand wash outlets were included to ensure that they can be cleaned effectively. This check list while always had shower chair and commodes included, was further updated on the day of inspection to include "underneath the seat frame and legs of said chairs"

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Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 Following the inspection, the Person in Charge (PIC), Assistant Director of Nursing (ADON), Clinical Nurse Manager (CNM), and Staff Nurse (SN) reviewed all assessments and care plans to ensure they are consistent and clearly describe residents' care needs and preferences in a detailed, person-centred manner. On 10th and 12th February, the PIC held a meeting with the SNs and emphasised the importance of developing and updating residents' care plans promptly, particularly following any changes to their condition and subsequent assessments.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

There is a Standard Operating Procedure for Intentional Rounding in place since April 2025, which staff nurses would conduct during their shifts. Checks on the settings of pressure-relieving mattresses, if in use by residents, have been included to ensure that they are reviewed on a daily basis. The importance of ensuring the right setting for the right weight was reiterated during staff meetings held on 6th February 2026 for HCAs and on 10th & 12th February for staff nurses following the inspection. An information sheet on how to calculate the correct setting was posted on all floors' nurses' notice boards, and also a small sticker was placed on all pumps in use.

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Regulation 9: Residents' rights

Substantially Compliant

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

Following the inspection, the PIC met with staff to give them feedback on the findings. Corrective actions were put in place to ensure full compliance. All staff were informed that residents must be offered choices at all times, and that includes during activities and during mealtimes. All staff have been reminded that residents have the right to receive meaningful engagement and assistance during activities. A meeting was held with the PIC, CNMs and Activities coordinators on 10th February 2026, where residents' rights and choices were discussed. Co-ordinators were reminded to inform and explain the activity session to HCAs to ensure meaningful residents' engagement. CNMs will be checking dayrooms and activity rooms during their rounds to monitor staff practices and compliance. Staff were informed that residents' consent must always be sought before assisting a resident with any activity, including putting on the food protector. Staff meetings were held on 6th February for HCAs, and 10th & 12th February 2026 for nurses. During these meetings, it was highlighted that during mealtimes, residents should be asked about their preferences in wearing the food protector. Staff were reminded that there is always a selection of drinks available for residents and that staff should ask the resident's drink preference first and serve only that which the resident would have picked. Also, a prescheduled Catering meeting with the PIC, ADON, Group Catering Manager and Head chef was held on 27th January, where the PIC briefed them of the inspection results, food & drinks choices were discussed and agreed that catering assistants should ensure that the drinks trolley is stocked with all different drinks and different flavours. Ongoing monthly dining room experience audits will focus on these areas to monitor staff practices and ensure that residents' rights, dignity, and preferences are upheld consistently.

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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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	12/02/2026
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	20/02/2026
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	12/02/2026
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with	Substantially Compliant	Yellow	12/02/2026

	adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.			
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	09/03/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	30/01/2026
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later	Substantially Compliant	Yellow	19/02/2026

	than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	12/02/2026
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	12/02/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	12/02/2026