



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

Issued by the Chief Inspector

Name of designated centre:	The Residence Portmarnock
Name of provider:	The Residence PM Limited
Address of centre:	Limetree Avenue, Portmarnock, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	17 July 2026
Centre ID:	OSV-0009182
Fieldwork ID:	MON-0050253

About the designated centre

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

The Residence Portmarnock is a three-storey purpose-built centre situated in Portmarnock Co. Dublin. The Nursing home consists of 141 single bedrooms, all of which are ensuite and 10 single occupancy suites consisting of a living room, bedroom and ensuite facilities. All bedrooms are all more than 16.0 square metres. Bedrooms are comfortably furnished, and each is equipped with a television, telephone and a nurse call system. Wireless broadband is available throughout the Centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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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
Friday 17 July 2026	09:10hrs to 17:15hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

This unannounced inspection was the first inspection following the registration of The Residence Portmarnock. The centre was registered in April 2026 and on the day of the inspection there were 19 residents living there.

Overall, the service promoted the rights and choices of residents to enable their independence and quality of life. There was a pleasant atmosphere in the centre and residents were relaxed and comfortable in their surroundings. The inspector met many of the residents on inspection and spoke with six residents in more detail to gain insight into their lived experience in the centre. Residents were complimentary about the care provided, and gave positive feedback regarding the staff, their kindness and helpfulness.

On arrival for this unannounced inspection, the inspector signed in and walked around the centre observing the morning routine for residents and the premises. Information displayed in reception included the complaints procedure and safeguarding information. Directional signage was in place throughout the centre advising residents of communal rooms and bedrooms to allay confusion and disorientation.

On the morning of the inspection residents were observed relaxing in their bedrooms, mobilising around the centre and utilising the communal areas. The inspector observed a rosary taking place in the chapel and other residents were seen enjoying arts and crafts in a multi-purpose room across from the chapel. Throughout the day residents and their visitors were observed in the coffee dock and enjoying the sunshine in the enclosed courtyard. The centre is registered for 33 residents whose bedrooms are all located on the ground floor of the premises. While there are three floors in the designated centre only the ground floor is registered to accommodate residents. The inspector observed that the ground floor was well maintained, clean and housekeeping staff were seen cleaning the communal areas and bedrooms throughout the day. The inspector also observed a cleaning robot cleaning the corridors. There were a variety of communal areas available for residents to spend time or to host visitors including a chapel, playroom, day room and library room. A therapy kitchen was available for use by residents to cook and bake, this area was seen to contain ingredients for a baking activity taking place later in the week. Overall, the centre was bright and airy. Artwork from a local school was on display on the corridors and a large mural in the coffee dock provided a bright environment. An activities schedule was on display throughout the centre and residents were seen taking part in a quiz while enjoying refreshments outside in the afternoon.

The inspector observed the mealtime arrangements for residents. Most residents had chosen to have their meal in the communal dining area and some residents preferred to eat in their bedrooms. The dining area was nicely decorated with round

tables. Meals were delivered from the main kitchen in a hot box. A pictorial menu was available for residents and there was a choice of meal available for all residents. Relaxing music was playing in the background. However, the inspector observed that while staff were observed serving meals and drinks residents were asking staff for items such as butter and juice, sauces were applied by the staff instead of being readily available on tables to promote independence. Although most residents were complimentary of the food one resident described the meat as tough and two residents said the food could be warmer and was not always hot. The inspector observed the jelly served to the residents was not set and this was not picked up on by staff serving the meals.

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

Capacity and capability

Overall, this inspection found that there was a clearly defined management structure in place, with identified lines of authority and accountability. The inspector found that the person in charge and the staff working in the centre were working to improve the quality of care and quality of life for residents living in the centre. Nonetheless, improved oversight was required under Regulation 24: Contracts of care, Regulation 9: Residents' rights, Regulation 18: Food and Nutrition and Regulation 5: Assessment and care planning.

This was an unannounced monitoring inspection, carried out by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended).

The registered provider of this designated centre is the The Residence PM Limited. It is part of the Emeis Ireland group who own and run a number of centres across the country. A regional director provided support to the person in charge and they were present in the centre on the day of the inspection. The inspector found that there was an established and clear management structure in place, with identified lines of responsibility and accountability at individual, team and organisational levels. There was a person in charge in post, supported by an assistant director of nursing clinical nurse managers and staff, including nursing and care staff, housekeeping, catering, administrative and maintenance staff. There were deputising arrangements in place for when the person in charge was absent.

On the day of the inspection the numbers of staff were appropriate to meet the needs of the 19 residents living in the centre. The newly established staff team who were providing direct care to residents consisted of registered nurses and a team of healthcare assistants and an activity coordinator. Staff were observed to be

interacting in a positive and considerate way with residents. Staff were observed working together as a team to ensure residents' needs were addressed. There were appropriate levels of supervision of care delivery in place on the day of the inspection. Staff nurses working in the centre had up-to-date registrations and from a sample of staff files reviewed they met the Schedule 2 requirements and staff had been appropriately Garda vetted prior to commencing employment in the centre.

Regular meetings were seen to be taking place in the centre to promote safeguarding and uphold residents' rights. Management meetings had taken place where key information relating to the service was discussed including staffing, audit schedules and training needs. In addition, a residents forum had been established and minutes of these meetings were available for review and included topics such as food and activities.

The inspector reviewed a sample of residents' contracts of care. A review of additional services charges found that residents were being charged a weekly fee for standard moving and handling equipment and for access to the internet. This did not align with residents' rights and is discussed further under Regulation 24: Contracts of care.

Regulation 14: Persons in charge

The person in charge was a registered nurse working full-time in the centre and met the criteria of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to ensure that residents' needs were met in a prompt manner.

Judgment: Compliant

Regulation 16: Training and staff development

A programme of mandatory training was available for staff to complete. Records of the training undertaken by staff was maintained and monitored to ensure that staff remained up-to-date with relevant training as required.

Judgment: Compliant

Regulation 21: Records

A sample of staff files were examined and associated documentation as specified under Schedule 2 were in place for staff, including vetting disclosures in accordance with National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a valid insurance contract in place. The renewal of the contract was due at the end of July.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided; however, some actions were required to ensure that these systems were sufficient to provide a safe, appropriate and consistent service. For example:

- Oversight systems had not identified gaps in the residents' mealtime experience as detailed under Regulation 18: Food and Nutrition.
- Systems in place to monitor residents' care required improvement to ensure there was sufficient oversight of residents' repositioning records. In addition, further oversight of residents' care plans was necessary to ensure that residents' activities care plans were accurately documented.
- Charges for residents were not appropriate and consistent as outlined in Regulation 24: Contracts of care.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

- The additional charge outlined in the contracts of care and payable by all residents included items such as standard moving and handling equipment which should be covered under the weekly fee.
- Residents were also being charged for clothes labelling this was in direct contradiction of the residents' guide which stated that clothes labelling was provided in the centre at no extra charge.

Judgment: Substantially compliant

Quality and safety

The inspector found that the standard of care which was provided to residents living in this centre was of a good quality. This was a newly opened centre and residents spoke positively about the care and support they received from staff. The inspector observed that residents' independence was promoted. Staff were respectful and courteous with residents.

Nursing and care staff were knowledgeable regarding the care needs of the residents, and this was reflected in the nursing documentation. The inspector reviewed a sample of residents' care records. A range of clinical assessments was carried out for each resident on admission to the centre to identify care and support needs using validated nursing assessment tools. The outcomes of assessments were used to develop an individual holistic care plan for each resident, which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre in line with regulatory requirements. The care plans reviewed were person-centred however, a small amount required review to ensure the necessary information was in place to demonstrate good monitoring of residents' care needs such as the repositioning of residents on a frequent basis and activities care plans accurately reflected the related assessments.

Residents had access to appropriate medical and health care services. Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise.

Residents had a choice of meals from a menu that was updated daily. Snacks and refreshments were available throughout the day. Residents were mostly complimentary about the quality of the food provided. The mealtime experience required further oversight by the provider to ensure that residents dignity and independence was upheld. Residents who may be at risk of malnutrition were appropriately monitored. Appropriate referral pathways were established to ensure residents identified as at risk of malnutrition were referred for further assessment by an appropriate health and social care professional.

Residents were free to exercise choice about how they spent their day. Residents could retire to bed and get up when they chose. There was a schedule of recreational activities in place. Residents were provided with regular opportunities to consult with management and staff on how the centre was organised. This was evidenced in the minutes of resident meetings. Residents had access to an independent advocacy service. Residents had access to Internet services however, this was being charged in the weekly fee which was not in line with the regulatory requirements.

Regulation 18: Food and nutrition

Review of the mealtime experience for residents was required. The inspector was not assured that the food was properly cooked and served.

For example:

- The jelly served as a dessert option on the day was not fully set, this was not picked up by any staff who continued to serve the jelly to residents.
- Staff were applying gravy to residents' meals directly from a large serving spoon and dish rather than sauces being available for residents to apply independently. Residents were also observed asking for butter and other condiments throughout the meal.
- Two residents said their meals could be warmer and one said the gravy was not hot.
- A resident who required assistance with their meal was seen to be assisted by two staff who swapped places during the mealtime with no communication given to the resident.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had person-centred care plans in place, which reflected residents' needs. However, some residents' activities care plans were generic and did not reflect the

information recorded in their activities assessment. Improvement was also required to ensure that residents repositioning requirements were effectively documented to guide care as gaps were noted.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate medical and health and social care professionals to meet their assessed needs.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were paying on a weekly basis for access to the internet which was not in line with their right to access the internet as outlined in the regulations.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Residence Portmarnock OSV-0009182

Inspection ID: MON-0050253

Date of inspection: 17/07/2026

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: In addition to observing and documenting residents' dining experience on management daily walkaround, the management team will carry out weekly focused mealtime audits from the 31st of August 2026. This audit will focus on ensuring appropriate food temperatures and that residents' choice and autonomy at mealtimes are supported ensuring availability of condiments and appropriate and dignified assistance. Catering and hospitality training is scheduled to take place by the 30th of September 2026 and will be a recurring event on our training calendar to ensure clinical staff are knowledgeable and equipped to provide quality mealtime experiences for residents. A new head chef has been appointed and has been in place since September 4th 2026. As of 23rd of July 2026, the home has implemented a "Resident of the day" discussion during the afternoon huddle. This allows the team to highlight one resident to discuss details of the residents careplan with the wider team (for example repositioning requirements and preferred activities) and receive feedback on any updates that might be required to the careplan. A further review of residents' careplans was undertaken to ensure repositioning requirements were appropriately highlighted and reflected in practice. This review was utilised to prepare a checklist to be maintained by the nurses and shared with team on resident repositioning requirements- complete A review of the contract of care has been undertaken with amendments made to ensure items included within standard fees are removed from items listed under Additional Supplementary Charges including basic moving and handling equipment, access to	

internet and labelling of clothes. These updated contracts will be issued to each new resident from the 22nd of September 2026 and updated contracts will be issued to existing residents by 30th September 2026. The Resident's Guide will be reviewed by 30th September 2026 to ensure that it reflects accurately all charges and services as outlined in the updated contract of care.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: A review of the contract of care has been undertaken with amendments made to ensure items included within standard fees are removed from items listed under Additional Supplementary Charges including basic moving and handling equipment, access to internet and labelling of clothes. These updated contracts will be issued to each new resident from the 22nd of September 2026 and updated contracts will be issued to existing residents by 30th September 2026. The Resident's Guide will be reviewed by 30th September 2026 to ensure that it reflects accurately all charges and services as outlined in the updated contract of care.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: In addition to observing and documenting residents' dining experience on management daily walkaround, the management team will carry out weekly focused mealtime audits from the 31st of August 2026. This audit will focus on ensuring appropriate food temperatures and that residents' choice and autonomy at mealtimes are supported ensuring availability of condiments and appropriate and dignified assistance.	

Catering and hospitality training is scheduled to take place by the 30th of September 2026 and will be a recurring event on our training calendar to ensure clinical staff are knowledgeable and equipped to provide quality mealtime experiences for residents.

A new head chef has been appointed and has been in place since September 4th 2026.

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:

As of 23rd of July 2026, the home has implemented a "Resident of the day" discussion during the afternoon huddle. This allows the team to highlight one resident to discuss details of the residents careplan with the wider team (for example repositioning requirements and preferred activities) and receive feedback on any updates that might be required to the careplan.

A further review of residents' careplans was undertaken to ensure repositioning requirements were appropriately highlighted and reflected in practice. This review was utilised to prepare a checklist to be maintained by the nurses and shared with team on resident repositioning requirements- complete

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: A review of the contract of care has been undertaken with amendments made to ensure items included within standard fees are removed from items listed under Additional Supplementary Charges including basic moving and handling equipment, access to internet and labelling of clothes.

These updated contracts will be issued to each new resident from the 22nd of September 2026 and updated contracts will be issued to existing residents by 30th September 2026.

The Resident's Guide will be reviewed by 30th September 2026 to ensure that it reflects accurately all charges and services as outlined in the updated contract of care.

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 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	30/09/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2026
Regulation 24(1)	The registered provider shall agree in writing	Substantially Compliant	Yellow	30/09/2026

	with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	30/09/2026
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/09/2026
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	30/09/2026

	than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident is facilitated to communicate freely and in particular have access to radio, television, newspapers, internet and other media.	Substantially Compliant	Yellow	30/09/2026