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:	Ferdia Lodge Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Ferdia Lodge, Ardee, Louth
Type of inspection:	Unannounced
Date of inspection:	26 August 2026
Centre ID:	OSV-0009235
Fieldwork ID:	MON-0050413

About the designated centre

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

Ferdia Lodge CNU is located in a purpose-built residential care facility developed under a public-private partnership arrangement. The building is owned by a public-private property company and leased to the Health Service Executive under a long-term agreement (25 years or more). The HSE, as a registered provider is fully responsible for the governance, management, staffing, operations and regulatory compliance of the Centre. Maximum number of residents who can be accommodated: 25 to include 16 extended care beds and 9 Short Stay beds comprising of 5 short stay beds, 3 respites and 1 palliative care bed. Age of residents or dependent persons is over 18. There are 23 en-suite single bedrooms and two of which can accommodate bariatric needs. Also one en-suite twin bedroom available within the designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17

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 26 August 2026	08:30hrs to 15:30hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

There was a friendly and welcoming atmosphere in Ferdia Lodge Community Nursing Unit during this unannounced inspection. The inspector spoke with nine residents to gain insight into their experience of living in the centre. The residents spoken with were complimentary in their feedback telling the inspector it was a nice place to live and that they felt safe and their needs were being met. One resident described living in the centre: 'it's like living in the Taj Mahal' it so good'. The inspector also spoke with some family members who were visiting on the day, who said that there were 'very happy' and 'lucky to have got a bed here', and that their loved one was 'very well looked after' and the staff are 'amazing'.

On the day of this unannounced inspection there were 17 residents living there. However, two of these residents were not in the centre on the day of inspection. Most of the residents had transferred into this new centre following a long stay in another facility, that had since ceased operating.

The premises was new and well-maintained inside and outside. The centre was bright and airy, it was warm and well lit, with many rooms getting direct sunlight during the day. The wide corridors with handrails on either side, facilitated residents to mobilise safely from one area to another. There were manicured gardens and patio areas for residents' use. These were well-maintained with flowers and shrubbery. Residents could access the garden with a push button which gave them the choice to enter and exit the gardens as they wished.

The centre was visibly clean, and tastefully decorated. Resident bedrooms were found to be neat and tidy with many residents having pictures and photographs in their rooms and other personal items which gave their rooms a homely atmosphere. Residents' bedrooms had fitted wardrobes and large bedside lockers with a lockable space for safekeeping of personal items. Each bedroom had a large TV in place.

The food served to residents appeared very appetising. Residents were served the lunch time meal in the dining room and some residents remained in their bedroom, as was their choice. Residents were each provided with their chosen meal, and individual sauce portions were provided to each resident. The atmosphere in the dining room was calm and relaxed, with sufficient staff available to support residents that required assistance. Staff provided assistance in a discreet manner. There was a selection of drinks and juices available in the dining room. One resident that was having their lunch time meal in their bedroom was observed to have a different meal. The resident informed the inspector that they 'did not fancy what was on the menu today so the chef had made them a different dinner'. They said that was never a problem and that staff in the kitchen were 'always accommodating to their requests'.

Residents' rights were upheld. They had access to a full daily schedule of activities, which occurred in the centre. On the day of inspection two residents were collected by a bus to bring them to the local day centre. One resident informed the inspector about their outing to Blackrock the previous week and how they really enjoyed it. Residents had access to television, radio and daily newspapers.

Improvements in relation to governance and management, staff training and policies and procedures were required. These are discussed further in this report.

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 impact on the quality and safety of the service being delivered.

Capacity and capability

This was the first inspection of this designated centre since it was registered on 29 April 2026.

Ferdia Lodge Community Nursing Unit is a purpose-built residential care facility developed under a public-private partnership arrangement. The building is owned by a public-private property company and leased to the Health Service Executive under a long-term agreement (25 years or more). The HSE, as the registered provider, is fully responsible for the governance, management, staffing, operations and regulatory compliance of the Centre.

Two restrictive conditions were applied to the registration of the designated centre at the time of registration. One was in respect of specific fire precautions measures that were to implemented by 30th of September 2026. The second condition was in respect of improvements required to ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff. In particular, the HSE was required to ensure that their policies and standard operating procedures (SOPs) address the following issues:

1. The requirement to ensure that the arrangements in place for onsite laundering are commensurate with best practice in infection control

2. The arrangements in place to support staff to adhere to hand hygiene practices with particular reference to the requirement for household staff to use a hand wash sink in the Production Kitchen

3. The arrangements in place to maintain environmental hygiene standards in all ancillary facilities

This unannounced inspection reviewed the provider's actions taken in respect of infection control to meet the requirements of its condition of registration. While

some progress had been made, the inspector found that not all specified works had been completed within the timeframes committed to by the registered provider, as further discussed under Regulation 23: Governance and management and Regulation 27: Infection control.

Following this inspection, a cautionary meeting was held with the provider where assurances were provided in respect of the actions to be taken to achieve regulatory compliance.

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. The person-in-charge was supported by two clinical nurse managers, a team of nurses and ancillary staff. There was a senior manager on site on the day of inspection to support the team. It was evident that the centre's management and staff focused on providing quality service to residents and promoting their well-being.

On the day of the inspection, there were adequate staffing levels and skill-mix to ensure the effective delivery of care and to meet residents' individual needs. Throughout the day of inspection, staff were observed to be very interactive with the residents attending to their needs in an un-rushed, kind and patient manner.

Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. However, further improvements in relation to staff training was required as detailed under Regulation 16: Training and staff development.

Policies and procedures were in place and made available during the inspection. However, some gaps were identified as detailed under Regulation 4: Written policies and procedures.

Regulation 15: Staffing

The inspector reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill-mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Not all staff were provided with the appropriate training to ensure they could meet the individual needs of each resident. For example,

- 21 staff members had not completed training in managing behaviour that is challenging.
- Five staff had not completed in-house fire safety training.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had failed to abide by its conditions of registration and comply with its restrictive condition that required infection control measures be put in place by the 31 May 2026. The inspector found that these works were not completed in full. For example;

- There were two industrial washing machines available in the centre. However, on the day of inspection, the provider continued to use a domestic washing machine on the first floor to disinfect the mop heads and cloths. There were no assurances available that the machine maintained a temperature of 71C or greater for a minimum of three minutes. At the time of registration, the provider committed to having this action completed by the end of July 2026.
- The arrangements to maintain environmental hygiene standards in all ancillary facilities were not completed. The provider had assured the Chief Inspector that a powder coated metal ceiling would be installed within four months of the registration. While the provider still had time to complete this action, there was insufficient assurance on the day of inspection, that it will be completed within the specified time.

The registered provider had failed to apply in a timely manner to the Chief Inspector of Social Services to request a variation in the condition of registration, when the requirements of the condition were not met.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 of the regulations, were available for inspection. However, one policy required review and another policy was not implemented in practice. For example;

- The registered provider had reviewed the safeguarding vulnerable adults policy in February 2026, however the requirements to notify the Chief Inspector of any allegations of confirmed abuse within two days as outlined in

Schedule 4 of the regulations was not outlined correctly, and the policy relied on outdated legislation and guidance.

- The restrictive practice policy was not implemented in practice. There were two residents who required the use of two full bed-rails. As per the centre's policy and best practice guidelines this constitutes a restrictive practice, however the full bed-rails were incorrectly identified as enablers.

Judgment: Substantially compliant

Quality and safety

Overall, residents were in receipt of a good standard of care from dedicated and kind staff who promoted each resident's individual human rights. The inspector was assured that residents received good, quality, safe care. Residents told the inspector that they were happy living at the centre.

There was a good choice of food and assistance was available to residents who required it. Alternative consistencies were provided to residents who were prescribed this. Residents were provided with a choice of drinks. The menu was displayed and residents were reminded at each meal time what options were available and their choices were facilitated.

The residents had access to an adequate amount of personal storage space in their bedroom or at their bed space. This included a lockable area to store personal belongings.

The medication processes including the administration of medications were reviewed and the processes in place facilitated safe medication practices. Two staff nurses were observed administrating medications in line with current best practice and in line with the prescriptions signed by the residents' general practitioner (GP).

Residents were provided with access to a wide range of activities. Residents were given the choice to attend if they wished, while other residents preferred the one-to-one time with staff. Residents' wishes were very well respected in relation to their choice of activities and how they wished to spend their days. Residents had access to the centre's complaints procedure, advocacy services and they attended regular residents meetings.

It was observed that through ongoing comprehensive assessment resident's health and wellbeing were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, including out-of-hours. Resident had good access to members of the multidisciplinary team from the local primary care unit.

While the centre was found to be cleaned and very well maintained, there were some issues identified in relation to infection control which are detailed further under Regulation 27: Infection control.

Regulation 12: Personal possessions

There was adequate storage in the residents' bedrooms for their clothing and personal belongings, including a lockable unit for safekeeping.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents informed the inspector that there was a good choice of food available to them and that they can access food and snacks whenever they want. The service of food was good and residents had a choice at each mealtime. The food served was found to be in accordance with the residents' assessed needs.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had not implemented infection prevention and control procedures consistent with the standards published by the Authority as outlined in their condition of registration. For example;

- Storage facilities within en-suite bathrooms of twin bedrooms remained inadequate. Residents did not have storage for personal items such as tooth brushes which may pose an infection control risk. The provider had committed to address this area at the time of registration.
- The ceiling in the waste holding area had been painted; however, the finish was not completed in line with agreed arrangements and may not be conducive to effective cleaning. Painted surfaces can deteriorate over time, potentially retaining dust, dirt, and moisture, which may compromise effective environmental hygiene and cleaning practices.
- The housekeeping room contained a domestic washer/dryer that was not in use. A similar machine located on the first floor in the centre was used for laundering mop heads and cleaning cloths. The provider could not provide assurance that this machine consistently achieved thermal disinfection parameters of at least 71°C for a minimum of three minutes, or an equivalent

validated decontamination cycle. Consequently, there was insufficient assurance that cleaning equipment was being effectively decontaminated, posing a potential risk for the transmission of micro-organisms within the environment.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. There was good oversight with regular medication reviews carried out.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to multidisciplinary healthcare professionals as required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Ferdia Lodge Community Nursing Unit OSV-0009235

Inspection ID: MON-0050413

Date of inspection: 26/08/2026

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC has reviewed the training schedule for the remainder of the year. A training plan has been put in place for the remaining 21 staff members who require training in managing challenging behavior. All staff will be recertified every three years, or sooner if required. New staff will receive this training upon commencing their post. The target date for completion of this training is 31st December 2026. The five outstanding staff members have now completed their in-house Fire Safety Training on the 21st of September. A training schedule is in place to ensure that all new staff receive the required Fire Safety Training on commencement in the centre. A training schedule is in place for all the mandatory training for the remainder of this year and for 2027 and PIC will keep this under review.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • A new industrial washing machine is on order. As an interim measure the Centre is now using the disposable mopheads and cleaning clothes. The use of the domestic washing machine on the first floor has ceased. • A plan is in place to repurpose RG 11 into the housekeeper's room to comply with IPC	

requirements. Ceiling work commenced in RG11. The remaining works such as clean water in, wastewater out, larger power supply, and correct electrical circuit remain outstanding. Estimated date for completion of these works: 31st. January 2027
• On completion of the ceiling work, the new industrial washing machine will be installed in RG 11, where there will be a clean supply of water in, wastewater out, larger power supply, correct electrical circuit in place. At this point, the Centre will cease using the disposable mop heads and cleaning clothes and return to the appropriate cleaning practices to ensure proper Infection Prevention and control measures are in place. Expected completion date: 31st. January 2027.
• Work commenced on the 7th of September to install a powder coated metal ceiling in all ancillary facilities, with an expected completion date on the 31st. of January 2027. This work will comply with the infection, prevention and control guidelines

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 PIC has reviewed the safeguarding vulnerable adult's policy and identified the requirements to notify the Chief Inspector of any allegations of confirmed abuse within two days (completed on the 28th of August 2026). This policy has been shared with all staff in the Designated Centre, and all staff have read and signed the same. – Completed 30th September 2026
• The PIC has reviewed the restrictive practice policy and the restraint register. Residents using full bedrails are now identified clearly on the restraint register. This register is reviewed on a weekly basis by the clinical nurse managers, and the PIC oversees this practice. A restrictive practice meeting is held on a three-monthly basis and aims to reduce the use of restraints within the Centre. (Completed on the 28th of August 2026)

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• A wall-mounted storage facility within the en-suite bathroom in the twin room has now been fitted to accommodate the storage of personal items, thus reducing the risk of cross-contamination. Completed: 30th September

• Work commenced on the 7th of September to install a powder-coated metal ceiling in RG 39, the waste holding area, with an expected completion date on the 31st of January 2027
• A plan is in place to repurpose RG 11 into the housekeeper's room, which will be compliant with IPC requirements. A new industrial washing machine is on order, and as an interim measure the Centre is now using the disposable mopheads and cleaning cloths. The use of the domestic washing machine on the first floor has now ceased.
• On completion of the ceiling work, the new industrial washing machine will be installed in RG 11, and the Centre will cease using the disposable mops and cleaning clothes and return to the appropriate cleaning practices to ensure proper Infection Prevention and control measures are in place. Expected completion date: 31st January 2027
• The revised floor plan and Statement of Purpose will be submitted on completion of the works.

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)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/12/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/01/2027
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.	Not Compliant	Orange	31/01/2027
Regulation 27(a)	The registered provider shall	Not Compliant	Orange	31/01/2027

	ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	28/08/2026