



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

Issued by the Chief Inspector

Name of designated centre:	Talbot Lodge Nursing Home
Name of provider:	Knegare Nursing Home Holdings Ltd
Address of centre:	17 Kinsealy Lane, Malahide, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	01 April 2026
Centre ID:	OSV-0000182
Fieldwork ID:	MON-0050092

About the designated centre

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

The Talbot Lodge nursing home is situated in a quiet, tranquil setting near the bustling town of Malahide and set in spacious grounds and landscaped gardens which help to provide a homely and cheerful environment. The centre is a single-storey building divided into four areas named Castle, Estuary B, Estuary C and Seabury. The designated centre is registered to provide 24-hour nursing care to up to 103 residents of all dependency levels, male and female, who require long-term and short-term care that includes transitional, convalescence and respite care. There are a number of communal facilities available for the residents, including six sitting rooms, three dining rooms, one activity room, a large Café, an oratory and a hairdresser facility. The stated philosophy of care is to provide a person-centred approach, empowering and supporting residents to be as independent as possible and to live meaningful and fulfilling lives.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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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
Wednesday 1 April 2026	07:00hrs to 14:30hrs	Sheila McKevitt	Lead
Wednesday 1 April 2026	07:00hrs to 14:30hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

Residents living in Talbot Lodge Nursing Home told inspectors that the quality of care provided had continued to improve in 2026. They said that staffing levels had improved during the day and night and the quality and standard of care delivered was definitely better. One resident described it as "less chaotic".

Residents feedback was extremely positive about all aspects of care delivered to them. They were unanimous with this view point and they said they felt confident that it would continue with the support of the new person-in-charge who they all knew by name. Residents spoke positively about this person and all the new staff. Residents said that care was being delivered in a more timely manner and there was a higher focus on the quality of care being delivered.

Inspectors arrived at the centre early in the morning and met the Clinical Nurse Manager (CNM) in charge. Inspectors visited each of the four units and found that the staffing levels at night and during the day were adequate to ensure the residents received a high standard of nursing care.

Inspectors observed breakfast and lunch being served to residents. Residents had a choice offered at each meal, assistance was available and the food was well-presented. Feedback from residents about the food was good. Inspectors met the chef who started in January 2026, they assured inspectors that the residents had a voice, they were listened too and the varied menu developed with their input. Inspectors were assured by residents that the food was served hot and there were always good quantities served on the plate.

Residents told inspectors that there was a schedule of activities and they were given a choice whether to attend activities or not. Inspectors saw residents participating in group activities and staff providing one to one activities to other residents. One resident said they loved the trips out especially heading to Howth where they got fish and chips.

One resident assured inspectors there had been big improvements especially over the past six weeks and another said they had absolutely no complaints and assured the inspectors they would not stay if they were not happy with the service provided.

The following sections of this report detail the findings with regard to the capacity and capability of the provider, and how this supports the quality and safety of the service provided to residents.

Capacity and capability

This unannounced risk inspection was carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 to 2025 (as amended) and to review the provider's application to remove a condition of registration, which prohibited the admission of new residents to the centre.

Knegare Nursing Home Holdings Limited is the registered provider of Talbot Lodge Nursing Home. This service has been in escalation since July 2024, due to concerns about the care and welfare of residents and the failure of the registered provider to progress action plans in respect of premises and fire safety, which resulted in a restrictive condition being applied to the registration of the designated centre preventing admissions to two units. That condition was changed to one unit in November 2024, when inspectors found that the registered provider had implemented significant improvements. At that time, the inspectors were satisfied that one unit could reopen to admissions.

An application to renew registration of the centre was received in 2025 and since October 2025 the registered provider has been operating with two restrictive conditions on their certificate of registration. The centre has remained in escalation throughout 2025 and quarter one 2026.

In December 2025, the provider submitted an application to remove one of the restrictive conditions which prevented new admissions of residents to the centre. The provider stated they had robust systems in place to ensure sustained compliance, effective governance and safe, person-centred care for all residents. However, when inspectors inspected the centre in January 2026 they found that not all the requirements of the restrictive condition had been met. While the application to remove the restrictive condition was being processed inspectors carried out this inspection and found that the provider had fully achieved and embedded the requirements of the restrictive condition and that robust systems were now in place to ensure sustained compliance, effective governance and safe, person-centred care for all residents, as further outlined under Regulation 23: Governance and management.

Inspectors found that the registered provider had put a robust management structure in place. It consisted of a person in charge, an assistant director of nursing and five clinical nurse managers, one of whom was rostered supernumery on night duty.

The systems for oversight had improved, new systems had been established and the implementation of these systems had been consistent for quarter four 2025 and quarter one 2026. This assured the inspectors that there was a greater oversight of the service provided and this was reflected in the positive feedback received from both the residents and relatives. The quality and safety of the care provided to residents had improved. In addition, the standard of cleanliness had improved throughout the centre, particularly in the kitchenettes and dining rooms.

The accountability and responsibility for the oversight and monitoring of key aspects of the service was clear. Systems and processes for overseeing all areas of practice had been strengthened. This included improved oversight and communication with the house-keeping staff, the catering staff. Nursing care practices had resulted in improvements in the standard of safe and quality care being delivered to the residents.

Staff turnover had reduced since the inspection in January 2026 and was projecting downwards month on month as reflected under Regulation 15: Staffing.

The standard of nursing documentation and general record keeping had improved also as reflected under Regulation 5: Assessment and care plan.

Regulation 15: Staffing

The number and skill-mix of staff on duty was adequate to meet the needs of residents living in the centre. There was at least one nurse on duty in each of the four units at all times, day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely.

The inspectors observed good supervision across all units. There was now a clinical nurse manager allocated on night duty in a supervisory capacity. They were supervising clinical practice and supporting staff on night duty seven nights a week.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through an established system of communication.

There were clear systems in place for the oversight and monitoring of care and services provided for residents. The issues found at the last inspection had been addressed by the provider.

The annual review for 2025 was completed and available for review. It included feedback from the residents and their families together with a quality improvement plan for 2026.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been updated to include the staffing levels and organisational structure linked with the current certificate of registration.

Judgment: Compliant

Quality and safety

Residents were in receipt of a high standard of care from a dedicated and kind team of staff who promoted resident's rights, safeguarded them from abuse and respected them as individuals.

The feedback from residents and their relatives informed the inspectors that care practices in the centre had improved since the last inspection which was carried out in January 2026.

Residents had computerised care plans in place and each resident was assessed prior to admission had appropriate risk based assessments in place and each resident had a comprehensive care plan developed to direct care. These comprehensive care plans included an individualised end-of-life care plan where the resident had outlined their end-of-life care preferences.

Where residents presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), there was a specific care plan in place to guide staff in how best to support the resident. The monitoring of these behaviours was well-documented and from this, triggers were identified and measures put in place in mitigate the risk of re-occurrence.

Residents were provided with access to a 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 spend their days. Residents had access to the centre's complaints procedure, advocacy services and they attended regular residents meetings.

Regulation 13: End of life

The inspectors were assured that each resident received end-of-life care based on their assessed needs, which maintained and enhanced their quality of life. Each resident received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were individualised and reflective of the health and social care needs of the residents. They were updated quarterly or sooner, if required. Care plans demonstrated consultation with the residents and where appropriate their family.

Judgment: Compliant

Regulation 6: Health care

Residents had a medical review completed within a four month time period, or sooner, if required. There was evidence that residents had access to all required allied health professionals services and inspectors saw evidence that a variety of these practitioners were involved in caring for the residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

All restrictive practices were implemented in line with the centre's local policy and guided by the national guidance. Where alternative less restrictive practices were trialled this was detailed in the resident's restrictive practice risk assessment. There was a multi-disciplinary team approach to the use of restrictive practice, the resident

and with their consent, their next-of-kin were communicated with prior to any form of restrictive practice was implemented.

Staff had received appropriate training in how to manage behaviours that are challenging.

Judgment: Compliant

Regulation 9: Residents' rights

The provider and the person in charge were striving to promote a rights-based service for all residents. Residents were encouraged to partake in activities of their choice and staff took a positive risk-taking approach that upheld residents' rights.

Residents were invited to attend regular residents' meetings. There was a good attendance at each of these meetings as evidenced in the attendance records and the minutes reviewed by the inspectors.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

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