



**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:	Cois Abhainn Residential Centre
Name of provider:	Health Service Executive
Address of centre:	Greencloyne, Youghal, Cork
Type of inspection:	Unannounced
Date of inspection:	15 July 2026
Centre ID:	OSV-0000583
Fieldwork ID:	MON-0051086

About the designated centre

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

Cois Abhainn Residential Care is a designated centre operated by the Health Service Executive (HSE) and is located within the outskirts of Youghal town with nearby amenities of shops, banks, churches and walkways. It is registered to accommodate a maximum of 26 residents. It is a single storey building configured in a rectangle which encloses a large garden with walkways, shrubberies and flower beds. The enclosed garden can be viewed from many of the bedrooms. Bedroom accommodation comprises single and twin bedrooms, all with wash-hand basins. There are six communal toilet facilities; two twin bedrooms have en suite toilet and wash-hand basins; two twin bedrooms share toilet and wash-hand basin facilities. There are two showers and one bathroom facilities available. Communal areas comprise a day area to the left of reception and the dining area located to the right of main reception; there are two other smaller sitting rooms and an oratory for quiet reflection. Cois Abhainn Residential Care provides 24-hour nursing care to both male and female residents whose dependency range from low to medium care needs. Long-term care, convalescence, transitional care and respite care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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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 15 July 2026	08:35hrs to 15:55hrs	Louise O'Hare	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended), with a specific focus on adult safeguarding. The inspector greeted several residents and spoke to eight in more detail about what it was like to live in Cois Abhainn Residential Care. All residents spoke positively about their experiences of the centre. One resident told the inspector that "I'm thrilled with the place" and another that "there is nothing I could criticise". Another resident told the inspector that when she had worried about adapting to living in the centre that a staff member had told her "We don't want anyone to change. You're you and everyone is equal."

On arrival, the inspector was greeted by the clinical nurse manager and the person in charge. The inspector completed an initial walk around and saw several residents were having breakfast in the dining room, while some were still relaxing in their bedrooms. Residents told the inspector that they could get up or go to bed when they wished to and that this was respected by staff.

Cois Abhainn Residential Care is located on the outskirts of the seaside town of Youghal. It is a single storey premises laid out around a central courtyard garden. Externally the grounds were well-maintained. The garden was well laid out with planters and flowerbeds blooming with colourful flowers. Garden benches, tables and parasols created a welcoming space for residents to sit out and enjoy the warm weather. A freestanding trellis held bird feeders, and these attracted many birds adding to the relaxed atmosphere.

Internally, the entrance led into a bright foyer, to the right and left of which were a large day room and dining room. These rooms were well decorated. An assortment of drinks were set out in the day room for residents to access when they wished, there was comfortable seating and residents were seen to use this area throughout the day. The dining room contained a large open hatch so residents could see into the kitchen. A menu board displayed the menu for the day, and residents were seen to have a choice of courses for their midday and evening meal. Other communal areas available for residents' use included a peaceful oratory, a smaller sitting room with a desktop computer, selection of books and a television, and a small television room. These provided additional spaces for residents to spend time outside of their bedrooms.

The centre is registered to provide accommodation to 26 residents with low to medium dependency levels. Bedroom accommodation was comprised of four twin and 18 single rooms. Two twin rooms had ensuite facilities, and two twin rooms shared a bathroom. Single rooms were equipped with a wash hand basin, and each bedroom was equipped with a television, seating, call bell, and storage space. In general, the premises was well maintained, there was some minor wear and tear on

paintwork around a doorframe, and the inspector was told that there was a maintenance programme in place for this.

There was a warm relaxed atmosphere in the centre. The inspector observed staff and resident interactions during the day and saw that they were kind and respectful. It was clear that staff knew residents well, and residents spoke highly of staff describing them as "very friendly" and "very kind". Residents told the inspector they felt safe living in the centre and one resident said "that's why I'm here". Other residents said they felt comfortable raising issues with staff if they needed to.

Visitors were observed coming and going throughout the inspection. The inspector spoke to three visitors who were all positive about their family member's experience in the centre, describing it as "very serene" and the service as "fantastic". Visitors who spoke with the inspector also said they felt comfortable bringing issues to staff.

Residents had access to an activities programme seven days a week. Activities were provided by a mix of the centre's staff and external providers. On the day of inspection residents enjoyed a live music session in the morning, and in the afternoon a small group sat and chatted with staff. Earlier that week the centre had a garden party, and residents told the inspector how much they enjoyed this. Mass was held in the centre once a week, and also available to residents on the television or radio on other days. Residents' meetings were held regularly in the centre, and safeguarding was discussed at these meetings.

The next two sections of this 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

This unannounced inspection was focused on adult safeguarding, and the systems the provider had in place to ensure that residents were safeguarded from all forms of abuse. Findings of this inspection were that there were effective management systems in place to protect residents from abuse. However, some action was required with regards to supervision of staff as detailed below.

The registered provider of Cois Abhainn Residential Care is the Health Service Executive (HSE). This inspection found that there was a clear management structure in place. The person in charge had been in the role for seven years. They were supported on a day-to-day basis by a clinical nurse manager (CNM), nurses, multitask attendants, catering, housekeeping and administrative staff. At a senior level they were further supported by a general manager in older person services who was a named person participating in management (PPIM).

During previous inspections, the senior managers with responsibility for the centre were not named as PPIMs and a restrictive condition was attached to the centre's registration in 2024 requiring the provider to submit this information. The provider notified the Chief inspector of the appointment of a PPIM and following receipt of required documentation this condition was removed in June 2026.

Inspections of the centre since 2023 had found repeated non-compliances in safeguarding. A restrictive condition was therefore attached to the centre which stated that "By 31 August 2024 the Registered Provider will review their governance and oversight of all safeguarding issues to ensure that they are appropriately addressed and escalated within the organisation." This condition was subsequently extended to the 30th June 2026 as the provider had not met the terms of this condition. On this inspection, it was evident that significant action had been taken to ensure that all reasonable measures were taken by the provider to protect residents from abuse as detailed further in this report.

Arrangements were in place to ensure the service provided was safe, effective and consistently monitored. A schedule of audits was in place, and audit outcomes were documented and discussed at local monthly management meetings. Safety pause documentation showed that topics such as safeguarding plans, restrictive practice and training needs were regularly discussed. At a senior management level, regular meetings took place with the PPIM and person in charge and CNM for this and two other designated centres to provide additional support.

Resident surveys had been completed for 14 residents, and these were all reviewed by the inspector. Overall, feedback was positive, and issues such as portion sizes offered during meals had been followed up. An annual review of the quality and safety of care had been completed for 2025, and a quality improvement plan had been developed for 2026. A quality improvement plan specifically targeting safeguarding and relevant training in the centre had also been developed.

Training records were maintained to ensure staff had relevant and up-to-date training. Further training was scheduled in people moving and handling and responsive behaviour for the following weeks to ensure staff were current. All staff had completed online training in safeguarding, and the majority had also attended an in-person workshop. Staff who spoke with the inspector were aware of their roles and responsibilities in reporting abuse.

On the day of inspection, there were sufficient numbers of staff to meet the assessed needs of residents in the centre. Call bells were seen to be answered promptly throughout the inspection and residents told the inspector that they received assistance promptly when needed. A review of staff files showed that registration details were available for all nurses working in the centre, and An Garda Síochána (police) vetting was in place for staff before starting employment. Agency staff were used to ensure adequate staffing levels were maintained and there was an induction checklist in place for them. However, agency staff present on the day of inspection had not completed the checklist as detailed under Regulation 16: Training and development.

Incident records and a complaints log were maintained and made available for inspection. All accidents and incidents were investigated and actions taken to mitigate identified risks. Arrangements were in place for notifying the office of the Chief Inspector as required by the regulations. From a review of records, the inspector found that notifiable incidents, including incidents of alleged or confirmed abuse, had been reported in writing in a timely manner.

Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider notified the chief inspector in writing of a person participating in management, and supplied full and satisfactory information as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staffing on the day of inspection to meet the assessed needs of residents living in the centre. There was a minimum of one registered nurse rostered on duty at all times. A sample of staff files were reviewed and found that systems were in place to ensure that all staff had garda vetting and references in place before starting employment. All rostered nurses were registered with their professional body.

Judgment: Compliant

Regulation 16: Training and staff development

While mandatory training was largely up to date, the centre's practices in regards to supervision of agency staff were not followed. For example, on the day of inspection agency staff in the centre did not have a completed induction checklist in line with the centre's normal practice.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in place. Management systems to ensure safe, appropriate and consistent care delivery were established. An annual review for 2025 had been completed and included a quality improvement plan. A quality improvement plan for safeguarding had also been developed, and the inspector saw that this was being carried out.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed notifications recorded since the previous inspection and found that notifiable incidents had been submitted within a timely manner.

Judgment: Compliant

Quality and safety

Overall, this inspection found that there were measures in place to meet the safeguarding needs of residents. Residents who spoke with the inspector all spoke positively about living in the centre and the care they received. However, some action was needed with regards to care plans and risk management.

The inspector reviewed a sample of three care plans. Care plans were person-centred and overall were detailed enough to direct care. A range of evidence-based assessment tools were used to assess clinical factors such as cognition, risk of malnutrition and skin integrity. Care plans were reassessed and updated every four months, and there was documentation that this was done with consultation from residents. Residents' communication needs were assessed and individualised care plans were in place. Where assistive equipment, such as hearing aids, were required this was clearly detailed. However, some action was required as detailed under Regulation 5: Individual assessment and care plan.

The provider had put reasonable measures in place to protect residents from abuse. Staff were up to date with training on the detection and prevention of abuse. Staff who spoke with the inspector confirmed they had attended training, and that they were able to report safeguarding incidents. From a review of incident and complaint records, it was evident that the person in charge investigated any incident or allegation of abuse. Where a safeguarding issue had been identified, a relative care plan had been put in place. It was evident from reviewing associated documentation that residents were informed of supports available to them, such as advocacy services. Information on independent advocacy services was also displayed

prominently in the centre. On the day of inspection, the provider was a pension agent for one resident and there were robust systems in place to support this.

Staff in the centre had also completed training in restrictive practice and responsive behaviour. On the day of inspection there was no use of restrictive practice in the centre. The inspector saw from documentation that where restrictive practice had been used, it was the least restrictive option in line with national guidance and regularly reviewed. Positive risk taking was facilitated in the centre, and relevant risk assessments were in place, such as for a resident who went out independently.

Residents had a safeguarding awareness day in June, to raise awareness of safeguarding and what this meant for them. Residents' meetings took place regularly and included discussion of topics including activities, safeguarding and laundry. One resident's meeting had been facilitated by an external provider to give residents an opportunity to speak to an independent person. Residents' personal laundry was done on-site, and the inspector saw from meeting minutes that residents were happy with this service. A mobile shop attended the centre weekly. Mass took place in the centre every week, and residents were facilitated to listen to or watch religious services daily. Activities were scheduled seven days a week and included live music twice a week, bingo and arts and crafts. Residents told the inspector that they had recently enjoyed completing an art project to submit to the HIQA art competition on the theme of "What care and support means to me".

Regulation 10: Communication difficulties

Communication needs were assessed and clearly documented in their care plans. Where a resident required additional supports, these were clearly referenced. There was clear signposting throughout the centre to support residents.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out in a manner that was appropriate to the number and needs of the residents in the centre and in accordance with the statement of purpose. Corridors were kept free of clutter and fitted with handrails on both sides to aid residents' mobility. Bedrooms, bathrooms and communal areas were equipped with call bell facilities to enable residents to call for assistance when needed. External areas were well-maintained and accessible.

Judgment: Compliant

Regulation 26: Risk management

While there was a risk management policy and major incident plan in place, the policy did not include the measures and actions in place to control the risk of infectious diseases as required by the regulations.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While overall care plans were of a good standard, some required review as detailed below:

- Some care plans contained outdated or irrelevant information.
- One care plan contained contrasting information in reference to a resident's mobility, which may cause confusion for staff and impact care.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was no restrictive practice in use in the centre on the day of inspection. Residents could access the garden and external grounds freely. Staff had completed training on restrictive practice and responsive behaviour. A restrictive practice register was maintained and when restrictive practice was used, it was subject to regular review.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. Staff were up to date with online training, and the majority had completed an additional in-person workshop in June of this year. The centre had three designated safeguarding officers. Where any incident or allegation of abuse had been identified, these had been investigated by the person in charge as required by the regulations. The centre was a pension agent for one resident on the day of

inspection, and there were clear systems in place for the management of residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to media including internet, newspapers, radio and television. A desktop computer was available in one sitting room for residents' use. Information on independent advocacy services was displayed prominently in the centre. Activities were scheduled seven days a week, and these were discussed in resident meetings to ensure they were in line with residents' preferences. Resident meetings took place regularly and since the previous inspection one resident meeting had been facilitated by an external provider. Residents could exercise choice about how they spent their day and supported to exercise their religious rights.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 6: Changes to information supplied for registration purposes	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cois Abhainn Residential Centre OSV-0000583

Inspection ID: MON-0051086

Date of inspection: 15/07/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Agency staff are supervised by the PIC, Clinical Nurse Manager 2 (CNM2), or the senior nurse on duty. A standard operational procedure (SOP) to improve the induction of agency staff has been devised and introduced. There is a check list to accompany same and will be completed for all new agency staff members. At the beginning of each shift, all staff must attend the handover and receive a handover sheet detailing the residents' needs. Furthermore, the CNM2 or senior nurse on duty will complete the induction checklist to ensure the staff member is fully aware of their roles and responsibilities during the shift. Staff will be supervised and supported by the nurse in charge throughout the shift. A quick-reference guide is also available for new staff in the staff office.	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: The local risk management policy has been updated to include specific measures and actions to control the risk of infectious diseases. All staff have been made aware of the amended policy.	

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: The care plans highlighted on the day of inspection have been updated with the residents' current information and care needs. In addition to scheduled monthly documentation audits, the PIC Cois Abhainn Residential Centre will undertake further audits of every care plan to ensure full compliance. Monthly documentation audits will be reviewed by the Person in Charge (PIC), and any areas of non-compliance will be discussed and actioned by the lead nurse.	

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	08/08/2026
Regulation 26(1)(c)(vi)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control infectious diseases.	Substantially Compliant	Yellow	31/07/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate	Substantially Compliant	Yellow	30/08/2026

	that resident's family.			
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