



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

Issued by the Chief Inspector

Name of designated centre:	Aclare House Nursing Home
Name of provider:	Aclare Nursing Home Limited
Address of centre:	4/5 Tivoli Terrace South, Dun Laoghaire, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	15 January 2026
Centre ID:	OSV-0000001
Fieldwork ID:	MON-0049345

About the designated centre

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

Aclare House occupies a prime location, a short distance from the centre of Dun Laoghaire. It has views overlooking Dun Laoghaire Harbour and has a large landscaped enclosed garden. It can accommodate 27 residents, both male and female above the age of 18. The centre caters for a range of needs, from low to maximum dependency and provides short term care, long term care, convalescence care and respite care.

The centre comprises of nine single rooms some of which are en-suite and nine twin rooms, some of which are en-suite. Other accommodation includes a computer area, assisted bathrooms, showers rooms, designated smoking area, staff facilities, kitchen, laundry, sluice room. There are communal areas for use by residents such as the lounge, dining room, conservatory and visitor's room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 15 January 2026	08:10hrs to 16:15hrs	Sarah Armstrong	Lead

What residents told us and what inspectors observed

Upon arrival, the inspector completed a walk around the centre. During the walk around, the inspector had the opportunity to meet with residents and staff who were getting ready for the day. Some residents were up and dressed when the inspector arrived to the centre, and these residents were observed to be neatly dressed and sitting in the communal spaces having their breakfast, watching television and reading the daily papers. Residents mostly occupied the lounge and dining room throughout the day. However, there was also a conservatory area available to residents which was equipped with comfortable seating and television. Throughout the day, a small number of residents and visitors were observed to be using this space. One resident in the conservatory told inspectors "I go between here and the dining room, depending on what's happening. I like it in here if I want a bit of quiet time".

Following the walk around, the inspector met with the person in charge and an introductory meeting was held to set out the purpose of the inspection. This was an unannounced inspection carried out by an inspector of social services over the course of one day, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the compliance plan received from the previous inspection which was held in February 2025, statutory notifications submitted by the provider since the last inspection and some pieces of unsolicited information which had been received.

During the inspection, all feedback received from residents, visitors and staff was positive. Residents spoke highly of the staff who supported them and the standards of care they received. One resident told inspectors "things are very good here. The staff are extremely kind natured" whilst another resident told the inspector "I'm happy with the place, happy with the staff, happy with the food - I'm happy with everything". Another resident told the inspector that the staff "are great, they help me when I need it, there is never a problem". Residents also provided positive feedback about the activities offered. Residents' arts and crafts were displayed in the centre and some residents showed their artwork to the inspector. One resident said "I love the art, that's great".

The inspector spoke with two visitors during the inspection. One visitor told the inspector that there were no restrictions on visiting in the centre, whilst another visitor said "the visitors are very well looked after here. We always get offered a cup of tea or coffee when we come". Visitors also spoke of how the centre was "homely", and of their satisfaction with the standard of care their relatives received.

Both residents and visitors who spoke with the inspector demonstrated a knowledge of the centre's complaints policy. One visitor told the inspector "I have nothing to complain about" but added that should they be unhappy about something, they

would feel comfortable to raise the matter with a member of staff. Residents also told the inspector that they felt safe and secure living in Aclare House Nursing Home.

Throughout the day, the inspector observed residents participating in a range of activities including music and playing interactive games with staff. During the afternoon, there was an air of excitement in the centre as residents told the inspector they were expecting a visit from the pet therapy dog. During this time, the majority of residents were gathered in the lounge and dining area and were enjoying tea and coffee, biscuits and bowls of crisps. Staff were observed being attentive to the residents and were sitting with them, engaged in polite conversation. Residents also had access to other activities in the centre, including rummage box, balloon throwing, arts and crafts, bingo, exercises and quizzes.

The inspector observed the meal time experience for residents. Residents took their meals in the lounge and dining areas. In the dining area, residents were sat at set tables, whilst in the lounge area, residents sat in armchairs and were provided with small portable tables which also had been set with cutlery, table mats and napkins. There were menus displayed throughout the room and a pictorial menu was available on the wall to support residents in making a choice about their meal. Staff were observed offering choice to residents, which included a choice of beef stew or chicken. One resident told the inspector that they were going to ask for plain chicken and the inspector saw that this request was fulfilled. There was a sufficient number of staff present during the meal time to assist residents. There was appropriate music playing throughout the meal and many residents were observed to be engaged in friendly chat together as they ate.

The registered provider had made improvements to the centre following the last inspection, including enhancing fire safety measures and repainting some surfaces. However, the inspector found that whilst the premises was generally well maintained, there were some areas where further improvement was required. For example, there were some areas of the centre which had visible dust and debris, and some items of equipment for use by residents were found to be damaged. In other areas, handrails were loose which did not support residents to move independently and safely within the centre. In addition, two toilets on the first floor for use by residents did not have any means of hand drying equipment available. The inspector was told that there was previously hand drying machines in these toilets which were removed for infection control purposes. However, these had not been replaced by an alternative, such as disposable paper towels. This did not promote good hand hygiene practices amongst residents in the centre.

Residents had unrestricted access to a secure back garden. The garden was generally well maintained, with grass area, flower beds and pathways. There was also outdoor seating available for residents to use. A new visitor's room was also in the process of being installed in the garden area.

The next two sections of this report set out the findings of this inspection in relation to the governance and management arrangements in place in the designated

centre, and how these arrangements impacted on the quality and safety of the services being delivered.

Capacity and capability

Overall, the inspector found that there were some improvements required in respect of the oversight and management of processes to ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored. The inspector found that whilst the provider had completed the majority of the actions committed to in their compliance plan from the previous inspection, some items remained outstanding. These outstanding actions included the addition of illuminated directional signage in the lower ground floor to ensure adequate means of escape in the event of fire, and securing the handrails along the stairs to the lower ground floor. This is discussed further under Regulation 23: Governance and management.

The registered provider of Aclare House Nursing Home is Aclare House Nursing Home Limited. There was a well defined management structure in place. The person in charge reported to the company director and was supported in their role by a dedicated staff team consisting of staff nurses and healthcare assistants. Housekeeping staff, activities co-ordinators, catering and administration staff made up the remainder of the staffing compliment in the centre. Maintenance support was provided by a contracted provider.

On the day of inspection, there was a calm and unhurried atmosphere throughout the centre. The staffing levels were sufficient to ensure that residents' needs were met in a timely manner. Staff interactions with residents were kind and polite, and staff demonstrated a good knowledge of the residents and their personalities. Residents were observed to be at ease with staff and enjoying their company throughout the day, through friendly chats and games.

Staff working in the centre told the inspector that they felt supported by their peers and the management team and said that they were happy working in the centre. Staff also spoke of the range of training available to them to help them develop in their roles. A sample of four staff files was made available to the inspector for review and it was confirmed that staff had valid Garda vetting in place.

The inspector reviewed a sample of contracts for the provision of services to residents. Whilst there was a contract in place for residents, the inspector found that some contracts did not set out all criteria required under the regulations. This finding is discussed further under Regulation 24: Contract for the provision of services.

There was a complaints policy in place and this was displayed in a prominent location in the centre. Residents and visitors who spoke with the inspector were

aware of this policy and said that they would feel confident and safe to raise any concerns they might have. The inspector reviewed a sample of complaints received and found that these were managed in line with the centre's policy. However, the complaints policy required updating to ensure that all matters required under the regulations were included. This is discussed further under Regulation 34: Complaints procedure.

Regulation 19: Directory of residents

The registered provider had maintained a Directory of Residents and this was made available to the inspector. The Directory contained all the information specified in paragraph (3) of Schedule 3.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of four staff files which was made up of a variety of staff roles. Staff files were found to contain all the requirements of Schedule 2 of the regulations and Garda Vetting was obtained prior to staff commencing in their roles.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had in place a contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Some improvements were required to ensure that the management systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored. For example;

- Not all actions committed to in the compliance plan from the previous inspection had been actioned which resulted in some repeat findings on this inspection. This included;
 - Loose handrails on the stairwell leading to the lower ground floor. This finding is discussed further under Regulation 17: Premises.
 - Insufficient directional signage to support an adequate means of escape from the lower ground floor in the event of fire. This finding is discussed further under Regulation 28: Fire precautions.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of five residents' contracts for the provision of services and found that three of the five contracts did not document the details of the residents' bedroom accommodation, and four of the five did not state the occupancy of the residents' bedroom.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints procedure in place did not specify that reviews of complaints would be completed within 20 working days of receipt of a request for review, as required by the regulations.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents living in Aclare House Nursing Home were supported to enjoy a good quality of life. Residents' rights were being promoted by a dedicated staff team who knew and understood the residents well. Feedback from residents and visitors about the service provided was all positive, and residents spoke of how staff respected their right to choice whilst living in the centre.

Staff showed a good knowledge of residents' assessed needs. The inspector reviewed a sample of six care plans including social care, moving and handling, personal care and food and nutrition care plans. Residents' needs were

comprehensively assessed on admission to the centre and in response to changes in need over time. Care plans were written in a person-centred manner and contained detailed information about the resident to guide the staff in providing appropriate and good quality care. There was evidence of family involvement in the care planning process, where residents were unable to fully participate in their own care planning.

Residents had good and timely access to medical practitioners and to other allied health professionals including physiotherapist, speech and language therapist, tissue viability nurse and dietitian. Most residents living in Aclare House Nursing Home had retained their own family general practitioner and there was a contract in place with a local physiotherapist who attended the centre weekly to review residents. Where required, residents were referred to these professionals and there was evidence that residents were reviewed in a timely manner. Where recommendations were made, these recommendations were incorporated into the residents' care plans to inform appropriate, good quality care delivery by members of the staff team.

Overall, the premises was appropriately laid out to meet the needs of the residents who lived there. The provider was in the process of upgrading the flooring on one of the stairwells. However, the inspector observed some areas of the centre which required more effective cleaning practices. There was inappropriate storage identified in the garden and in the sluice room and some equipment for use by residents was found to be damaged. These findings are discussed further under Regulation 17: Premises.

The registered provider had carried out significant works to improve fire safety measures in the centre. This included establishing an appropriately equipped smoking area and structural works to ensure effective compartmentation above ceilings and into the attic space. However, notwithstanding these improvements, further action was required to ensure compliance with the regulations. This finding is discussed further under Regulation 28: Fire precautions.

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required cleaning, maintenance and repair to be compliant with Schedule 6 requirements, for example:

- Handrails along the stairs leading to the lower ground floor were loose. This was a finding on the previous inspection.
- There was a broken and unstable toilet seat in one of the toilets for use by residents where the hinge had corroded over time and had become detached.
- There was a lack of grab bars in some residents toilets to support residents when using these facilities.

- There was inappropriate storage of items in the sluice room, including buckets of paint and rusted and broken equipment including waste bins and cleaning equipment.
- In bedroom 3, the cable trunking behind the resident's bed was detached from the wall and was damaged.

Some areas were observed to be visibly unclean. For example;

- The grab rails in some toilets had a build up of dust present
- The bath for use by residents was stained
- The grout in some residents' showers had a presence of black mould
- The sluice room had a visible build up of dirt and debris on surface tops

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

There was evidence that all relevant information accompanied residents who were transferred out of the centre to another service, and transfer letters were maintained in residents' files.

Judgment: Compliant

Regulation 28: Fire precautions

Notwithstanding the works completed by the registered provider to improve fire safety in the centre, further action was required to ensure that an adequate means of escape, including emergency lighting was provided. For example:

- There was no emergency lighting directional signage in place in the regions of bedrooms 13, 14, 15 and 16 of the lower ground floor to help residents and staff safely evacuate in the event of a fire emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' health and social care needs were assessed on admission to the centre. Person-centred care plans were developed in line with residents' comprehensive assessments and were prepared within 48 hours of admission. There was evidence

of resident, and where appropriate, family involvement in the development of care plans and care plans were reviewed at intervals not exceeding four months.

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 19: Directory of residents	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
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant

Compliance Plan for Aclare House Nursing Home OSV-0000001

Inspection ID: MON-0049345

Date of inspection: 15/01/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Handrails have been fixed and we have commenced weekly checks to ensure there is always no loose handrails.</p> <p>New directional signage has been ordered; electrician will install week commencing 30/03/2026</p> <p>]</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>We have reviewed and revised all contracts to ensure they clearly specify the type of accommodation, including whether the resident is accommodated in a single or shared room.</p> <p>If there are any changes to accommodation (e.g. room transfers) we will prompt an immediate contract review and update.</p> <p>We will carry out contract audit quarterly to ensure ongoing compliance.</p> <p>]</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complaints procedure has been updated, and the complaints procedure now specifies that reviews of complaints will be completed within 20 working days of receipt of a request for review, as required by the regulations.</p> <p>]</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We have deep cleaned all areas identified during inspection including, removal of dust from grab rails to ensure hygiene and safe use.</p> <p>The communal bath has been descaled and cleaned. The black mould in the grout of shower room has been removed using appropriate antimicrobial products.</p> <p>The sluice room has been disinfected and cleaned with particular attention being given to high touch surfaces.</p> <p>Person in Charge carried out a post clean inspection check to confirm acceptable standards.</p> <p>We have commenced a comprehensive cleaning schedule and a cleaning checklist which is completed and signed at the end of the shift.</p> <p>All areas of worn or damaged surfaces (e.g. grout) have been added to a planned preventative maintenance schedule.</p> <p>Handrails have been fixed and we have commenced weekly checks to ensure they are not loose and can be fixed if required.</p> <p>Toilet seats have been replaced.</p> <p>Bedroom 3 cabling has been replaced.</p> <p>Any surfaces that cannot be effectively cleaned will be repaired, resealed, or replaced as required.</p> <p>Senior management are carrying out environmental audits and IPC audits monthly. The audits will be reviewed, trended, and used to drive continuous improvement. Any deficits identified will result in immediate corrective action.</p> <p>Environmental hygiene is now a standing agenda item at management meetings</p> <p>]</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

New directional signage has been ordered; electrician will install week commencing 30/03/2026.

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Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/03/2026
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	30/03/2026
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms,	Substantially Compliant	Yellow	02/03/2026

	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 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/04/2026
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.	Substantially Compliant	Yellow	02/03/2026