



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

Issued by the Chief Inspector

Name of designated centre:	Firstcare Beneavin Lodge
Name of provider:	Firstcare Beneavin Lodge Limited
Address of centre:	Beneavin Road, Glasnevin, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	05 December 2025
Centre ID:	OSV-0000117
Fieldwork ID:	MON-0048985

About the designated centre

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

The centre offers long and short term care for adults and respite care and convalescence for adults over 18 years old including individuals with a diagnosis of dementia. The designated centre provides 70 beds in a purpose-built premises which is divided into two units: Botanic on the ground floor and Iona unit on the second floor. There is an enclosed courtyard garden which is accessible from the ground floor. The centre is located close to local amenities and public transport routes. There is a large car park at the front of the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	63
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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
Friday 5 December 2025	09:00hrs to 17:20hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

From what residents told the inspector and what the inspector observed, the residents were content living in Beneavin Lodge Nursing Home. Residents spoken with said they were "well looked after" and said that "staff are very kind". Visitors spoken with also told the inspector "the staff here are wonderful". There were 63 residents living in the centre on the day of the inspection.

The centre is laid out over two floors and is separated into two units, Botanic unit is located on the ground floor and Iona unit is located on the first floor. Residents' bedrooms, communal lounge and dining areas are located on each floor. A main reception area and large activities room are located at the front of the centre.

Overall, the centre was bright and clean. Corridors were adorned with pictures, shop fronts facades and other items to provide points of interest and to help residents orientate themselves when mobilising around the designated centre. There was unrestricted access to secure garden areas for residents to use. Communal rooms were nicely decorated with a range of seating available for the residents. Notice boards were located throughout the centre, and contained information of interest to the residents, for example, how to register a complaint, access advocacy support, and information in relation to safeguarding. Residents' bedrooms were comfortable and personalised by residents who chose to do so.

Communal areas were seen to be well-used by residents throughout the day and some residents preferred to stay in their bedrooms. Throughout the day of inspection staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Residents were supported to make choices about their daily routines.

When the inspector arrived to the centre there was a relaxed atmosphere and most residents were seen having breakfast in their bedrooms. On the first floor, some residents were observed having their breakfast together in the sunshine lounge. Other residents were walking with purpose around the corridors or watching TV. The inspector spent time in the sunshine lounge throughout the day and observed that, on some occasions, residents were left unsupervised for short periods of time as staff answered call-bells and attended to other residents in other parts of the unit and when other staff were on their break.

Most residents gathered in the activities room on the ground floor. This was a large room colourfully decorated and resident's photographs and artwork were on display here also. On the day of the inspection residents gathered here engaging in laughter therapy, listening to live music and receiving hand and nail care. Residents spoken with said they had enjoyed the activities and were looking forward to the schedule for the rest of the week. The inspector observed there was one activities coordinator working on the day of the inspection and they were facilitating the group activity.

Residents who did not engage with the group activity were mostly observed watching Christmas music on television in other communal areas on both units and efforts were seen to be made by care staff to engage some residents in one-to-one activities such as puzzles however, these staff were also completing their care duties.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a well-run centre with established systems to monitor the quality of care and support provided to residents. It was evident that the centre's management and staff focused on providing a quality service to residents and promoting their well being. While clear management and oversight structures were in place, some of these systems required strengthening to ensure regulatory compliance, as set out in this report.

This was an unannounced risk inspection to monitor the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 to 2025 (as amended).

The registered provider is Firstcare Beneavin Lodge Limited. The centre is part of the Emeis Ireland group who own and run a number of nursing homes in Ireland. A regional director supports the person in charge in their operational management and clinical oversight of the centre. They attended on-site to support the inspection process and was present for feedback at the end of the inspection. The person in charge oversees the daily running of the centre. The person in charge worked full-time in the centre and was supported in their management role by a newly appointed assistant director of nursing (ADON) and clinical nurse managers. Other staff members included nurses, healthcare assistants, catering staff, housekeeping staff, maintenance staff, and administrative staff. At the time of the inspection there were three staff vacancies for healthcare assistants and these were being covered by agency staff.

On the day of the inspection there were sufficient numbers of staff to meet the needs of the residents. The allocation of staff during break times in the Iona unit required review to ensure there was appropriate supervision of residents at all times. Staff were provided with appropriate training to meet the needs of their role. Staff training was closely monitored to ensure all staff completed training requirements.

The provider had an audit schedule covering areas such as complaints, safeguarding, health and safety, care planning and falls. Where these audits

identified deficits and risks in the service, the provider had a time-bound quality improvement plan. Regular governance meetings and team meetings took place in the centre.

The person in charge was new to their role and had been appointed since the previous inspection carried out in July 2025. The inspector reviewed the staff file of the person in charge and found that there was only one reference for the person in charge held on file, which was not in line with the regulation and schedule 2 requirements.

The inspector reviewed the complaints log since the last inspection. From a small amount of complaints received all were seen to be appropriately responded to and investigated.

Regulation 14: Persons in charge

The registered provider had not ensured that the documents specified in Schedule 2 were provided by the person in charge. There was only one reference on file for the newly appointed person in charge, instead of the minimum two required.

Judgment: Substantially compliant

Regulation 15: Staffing

The inspector reviewed the staff rosters and saw there were adequate numbers of staff for the size and layout of the centre and the number of residents in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Records made available to the inspectors found most staff members were up-to-date with mandatory trainings. New staff were scheduled to attend upcoming trainings. Induction procedures were in place for new staff members.

Judgment: Compliant

Regulation 23: Governance and management

The allocation of resources required review to ensure that sufficient resources were available at all times to meet the needs of the residents. In particular, the allocation of staff during break times required review to ensure the effective delivery of care in accordance with the statement of purpose. For example:

- In the afternoon, a resident who was walking with purpose was not fully supervised in the Iona unit as staff were on their breaks and other staff were attending to residents in their bedrooms. During these times, non-care staff and visitors were observed re-directing this resident.
- On a number of occasions, and especially during staff break times, residents in communal areas were left unsupervised for short periods of times due to competing demands on staff.
- While group activities were well-attended, a renewed focus was required on the provision of one-to-one activities to ensure all residents were provided with opportunities for meaningful engagement.

Notwithstanding the good management systems in place to ensure the service provided was safe, consistent and effectively monitored, enhanced oversight was required in respect of:

Safe and effective recruitment practices for all staff, which includes ensuring compliance with minimum regulatory requirements such as the provision of minimum two written references, including one from the person's most recent employer.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

From a review of the complaints log in the centre the inspector found that complaints were thoroughly investigated and prompt responses were provided to the complainant.

Judgment: Compliant

Quality and safety

The inspector observed kind and compassionate staff treating residents with dignity and respect. Residents' rights were upheld in the centre, and visiting was promoted and facilitated. Residents were supported to communicate freely.

The centre had an up-to-date safeguarding policy in place and staff spoken with on the day of the inspection were knowledgeable on how to recognise and respond to concerns of abuse. Information on advocacy and safeguarding was available for residents and their families.

Residents had good access to appropriate medical care and health and social care professionals. Residents were supported to access external services as required, including specialist medical services. The general practitioner (GP) visited the centre on a regular basis and a physiotherapist was on site three times per week. Residents were reviewed by Tissue Viability Nurse (TVN) and Dietitian as required. A sample of care plans indicated that their recommendations were implemented.

The provider had a written visitor policy as required by the regulation. The inspector observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. Residents were seen receiving visitors throughout the day in their bedrooms or in the communal spaces.

Residents' rights were largely protected and promoted. Individual choices and preferences were seen to be respected. Residents were consulted about their individual care needs, and had access to independent advocacy services if they wished. Overall, residents were supported to engage in activities that aligned with their interests and capabilities. Activity co-ordinators promoted and delivered a varied activities programme every week and group activities were popular with residents. Notwithstanding, enhanced focus on one-to-one activities for residents who could not participate in the group activities would further improve the quality of life for these residents. Detailed key-to-me assessments were completed, and residents had activities care plans in place outlining their likes and dislikes. A Christmas party was due to take place where residents and their families could spend time together enjoying the festive period. A resident ambassador had been appointed to represent the residents' views in the centre.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visits were not restricted and were aligned with the centre's visiting policy

Judgment: Compliant

Regulation 6: Health care

Residents had access to allied health and social care professionals and access to a general practitioner (GP), as required or requested.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the provider had taken all reasonable measures to protect residents from abuse. Staff who were met in the course of the inspection confirmed that they had attended safeguarding training, and were confident that they would be able to use this training to ensure that residents were protected from abuse. Staff who spoke with the inspector were able to give a good account of the types of abuse they needed to be alert for, and what to do if they witnessed such an incident or when a resident raised a concern with them.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in monthly residents' meetings. Records reviewed found consultations with residents at committee meetings regarding matters such as food, safety, complaints, healthcare, and activities, and that suggestions raised by residents were being addressed.

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 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Firstcare Beneavin Lodge OSV-0000117

Inspection ID: MON-0048985

Date of inspection: 05/12/2025

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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The Person in Charge was deputizing for Director of Nursing who was on Maternity leave at the time of inspection and had been a group internal appointment. A second reference is now on file.</p> <p>From 3rd February 2026, a full file audit will be completed when any internal transfers or promotional appointments are made.</p>	
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>Staff break times have been adjusted to commence earlier facilitating the addition of a third break time. This results in less staff being on break at any one time. This was implemented from January 19th 2026.</p> <p>Clear supervision protocols have been agreed with clinical staff and daily allocations have been updated from January 15th 2026 to reflect responsibilities for communal supervision.</p> <p>The activity coordinator is preparing an individualized activity programme for any resident who is allocated 1:1 staffing. This will be prepared for relevant residents by</p>	

January 26th 2026. This is placed in the resident 1:1 booklet to ensure staff caring for these residents are aware of their preferred activities and routines

From 1st February 2026, residents who benefit from one to one activities rather than group based activities have been highlighted by the activity team and now have a weekly tracker of one to one activities provided. This list of residents for one to one activities will be reviewed at a minimum of monthly basis.

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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 14(5)	Where the registered provider is not the person in charge, he or she shall ensure that the documents specified in Schedule 2 are provided by the person concerned.	Substantially Compliant	Yellow	03/02/2026
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.	Substantially Compliant	Yellow	03/02/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	03/02/2026

	consistent and effectively monitored.			
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