



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:	17 July 2025
Centre ID:	OSV-0000117
Fieldwork ID:	MON-0047709

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:	61
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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 17 July 2025	09:15hrs to 17:30hrs	Laurena Guinan	Lead
Thursday 17 July 2025	09:15hrs to 17:30hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

Residents spoken with on the day of inspection told inspectors that Firstcare Beneavin Lodge was a lovely place to live, and that staff were kind and attended to their needs quickly. The centre was set out over two floors, arranged around a secure inner courtyard. The Botanic Unit was on the ground floor, and Iona Unit was on the first floor. After an introductory meeting with the Assistant Director of Nursing (ADON), the inspectors went for a walk around the centre. Each unit had its own dining and living areas which were seen to be clean and comfortable, and residents' bedrooms seen by inspectors had been personalised with photographs, bedspreads and cushions, giving the centre a welcoming, homely feel. There was an enclosed courtyard which had good pathways, attractive planting, and ample seating to allow residents to safely enjoy the good weather.

Inspectors spoke with a number of residents and visitors on the day of inspection. Residents were highly complimentary of the staff, and felt that they received a high quality of care. One resident was keen to make inspectors aware that the centre was 'different to the one on the TV programme'. Two family members, while happy with the care their loved one received, felt that a decision to restrict visitors from joining residents in the activity room was made in response to the TV programme. This practice was discussed with the Director of Nursing (DON), who told inspectors the decision was made some months previously. The management team had felt that visitors were interrupting activities in order to converse with the resident they were visiting, and this was seen as disruptive to other residents. This will be dealt with later in the report.

Inspectors observed that the environment was calm and relaxed as staff attended to resident's needs and residents said that they were not kept waiting for assistance. Call bells were heard to be attended to promptly, and inspectors saw appropriate supervision of residents in communal areas.

Over the course of the day, inspectors saw many positive interactions between residents and staff, and residents who were relaxing in the communal areas were seen to be engaged in conversation or activity with staff members. In the afternoon, many residents enjoyed group activities in the large activity room on the ground floor. Residents said that they particularly enjoyed the music sessions.

Menus were on display in the dining areas, and a choice of drinks was available in all the communal areas. Residents said that there was a good choice of food, and portions were good. Each dining area had a pantry for preparing snacks, and staff told inspectors that a choice of sandwiches and milk based desserts were available after the main kitchen was closed. Staff were seen offering residents a variety of pastries, custard and rice pudding in the afternoon.

Residents said that they felt their belongings were safe in the centre, and that their clothes were laundered properly. The person in charge arranged for resident's

clothes to be labelled, and regular wardrobe checks were conducted to ensure correct storage of clothes.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulation 2013 to 2025 (as amended). The inspector found that overall, action had been taken to address the findings of the previous inspection from October 2024. However, some gaps were found in oversight arrangements and auditing systems which required further review to ensure a safe and consistent service was provided at all times.

Firstcare Beneavin Lodge Limited is the registered provider for Firstcare Beneavin Lodge Nursing Home, and is part of the Emeis group. The centre is located on the same campus as one of the centres featured in the RTE Investigates programme, which is owned and operated by a different registered provider but comprising of the same directors as Firstcare Beneavin Lodge Limited. Following the airing of the tv programme which showed poor practices in respect of vulnerable residents, on the 5th of June 2025 an immediate evening inspection was carried out also in this designated centre to ensure that the issues witnessed on the RTE Investigates program were not impacting the care of the residents living in Firstcare Beneavin Lodge. Two inspectors visited the centre between 8 pm and 10.30 pm and were satisfied that residents in Beneavin Lodge were appropriately safeguarded and that there were sufficient resources in place to meet their needs. Following this, a further full day of inspection was carried out, the findings of which are presented in this report

The purpose of this inspection was to follow up on the action plans from the last inspection of October 2024 and review the systems in place to oversee the service, and the quality and safety of care provided to the residents living in the centre. The person in charge is a qualified nurse working full-time in the centre, and is supported by a regional director, who is present on campus a minimum of three days a week. In addition, from an operational perspective the person in charge is also supported by an assistant director of nursing (ADON), three clinical nurse managers (CNM's), and a team of staff nurses, health care assistants (HCA's), a physiotherapist, activity staff, administrators, maintenance, kitchen, and household staff. An expected absence of the person in charge was due to commence soon, and inspectors saw that a suitable person had been appointed to oversee the centre in their absence. At the time of inspection, this person was undertaking an induction

period under the supervision of the person in charge, and had good knowledge of the management and reporting structures.

The provider had an annual review in place, which showed consultation with residents. There was evidence of regular management and staff meetings, and there was a system of regular audits in areas such as weight analysis, pressure care, and falls management. However, these audits were not sufficiently robust as they did not identify gaps in care planning arrangements as seen by inspectors on the day of inspection. Communication to residents and families in respect of communicating upcoming changes to the running of the centre was also inadequate. These will be discussed further under Regulation 23: Governance and Management.

Staffing was in line with the statement of purpose, and residents requiring one to one supervision had staff allocated on a supernumerary basis. There were six nursing vacancies, and five nurses had been recruited to fill these positions and were awaiting completion of paperwork. Nursing cover was provided by permanent staff in the interim. Agency staff was used to fill two healthcare assistant (HCA) vacancies, and inspectors saw evidence from rosters that these were regular staff who were familiar with the centre and residents.

The training matrix provided to the inspector recorded high levels of attendance, and inspectors saw comprehensive induction booklets for new staff. Staff spoken with showed good knowledge of the induction process. Agency staff worked with another HCA at all times, and there were induction sheets for agency staff which included essential information such as fire evacuation procedures. Although these had been checked off, agency staff spoken with were not aware of resident's personal emergency evacuation plans, which could cause a delay in the event of a fire. This was brought to the attention of the person in charge and will be dealt with under Regulation 23: Governance and management.

Regulation 14: Persons in charge

There was a suitably qualified and experienced person in charge, and appropriate deputising arrangements in place.

Judgment: Compliant

Regulation 15: Staffing

There was an appropriate number and skill mix of staff to meet the individual and collective needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, and were adequately supervised.

Judgment: Compliant

Regulation 23: Governance and management

The findings of this inspection were that the oversight systems required strengthening to ensure all areas of the service were safe, appropriate, consistent, and effectively managed. For example:

- The systems for clinical oversight required improvement. The care planning and weight analysis audits found high levels of compliance. This did not align with the inspection findings where Tissue Viability Nurse (TVN) recommendations were not followed until a week after assessment, and weight loss was not identified and acted on in a timely manner. This inaction impacted on appropriate and timely care for the resident.
- Communication with relevant stakeholders required improvement. Visitors on the day expressed dissatisfaction that they were no longer able to visit their relative in the activity room. The date on which this change was enacted could not be confirmed by the person in charge. No evidence of consultation with residents, or communication with families, was furnished to inspectors. The visitors spoken with felt the decision was made in response to the TV programme, while inspectors were told it was to improve residents' enjoyment of activities.
- Induction of agency staff requires strengthening, to include reference to residents' personal evacuation plans.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Complaints were managed effectively with a prompt investigation and conclusion.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures as set out in Schedule 5 were available on the day of inspection.

Judgment: Compliant

Quality and safety

Observations during this inspection indicated that there was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents and visitors confirmed that there was a focus on social interaction led by the activity co-ordinators, and residents had daily opportunities to participate in group or individual activities. However, inspectors found that the management and oversight of residents with complex care needs was inadequate at times and not managed in line with local policy. In addition, expert advice received was not always considered in a timely manner to ensure the best outcome for residents.

Inspectors reviewed the care records of nine residents. Residents had an updated assessment of their needs completed to ensure the service could meet their health and social care needs. Each resident file reviewed had a range of clinical assessments completed using validated assessment tools. In the main, the outcomes were then used to develop an individualised care plan for each resident, which addressed their health and social care needs. Care plans were sufficiently detailed to guide care, and contained information that was holistic and person-centred. Daily progress notes were recorded, and detailed the current health care status of residents whose files were reviewed.

From conversation with residents and a review of residents' records, inspectors found that residents had access to their general practitioner (GP) regarding their healthcare needs. Arrangements were in place for residents to access the expertise of health and social care professionals. However, inspectors found gaps in appropriate clinical oversight and timely access to health care professionals. Where a resident had been referred for further expert assessment, the recommendations made by health care professionals were not always considered or implemented in a timely manner. This impacted on the quality of care provided and will be discussed further under Regulation 6: Health care.

A restraint-free environment was promoted in the centre, in line with local and national policy. Risk assessments were completed prior to the use of restrictive practices. The use of restrictive practices was reviewed to ensure appropriate usage. Residents 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) as a result of underlying conditions had detailed care plans in place outlining their individual care needs.

There were arrangements in place to safeguard and protect residents from the risk of abuse. A safeguarding policy detailed the roles and responsibilities of staff, and the appropriate steps to take, should a concern arise. Residents reported that they felt safe living in the centre. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Safeguarding was also discussed at resident meetings. Information posters were available for resident information. Staff were aware of residents care needs in relation to safeguarding. Where necessary, safeguarding care plans were in place to guide care.

The inspectors found that residents' right to privacy and dignity was promoted, and positive, respectful interactions were seen between staff and residents. Advocacy services were available to residents as required and were advertised on notice boards in the centre, along with other relevant notifications. Residents were free to exercise choice about how they spent their day. Residents were generally provided with regular opportunities to consult with management and seek assurances on the on-going changes that had occurred in the centre via residents' meetings. However, consultation with residents regarding a decision to restrict visitor access to the activities room was not seen by inspectors, and when asked by inspectors, the president of the resident's committee said they were unaware of the decision.

There were adequate arrangements in place for the management of residents' personal possessions. Each resident had sufficient space for storing personal possessions in their bedroom including wardrobe space, a chest of drawers and a bedside locker.

Regulation 12: Personal possessions

Residents had adequate space to store their belongings, and clothes were labelled, laundered regularly and returned to the resident.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The needs of residents were assessed and used to inform the development of care plans. There were arrangements in place to ensure that care plans were revised on a four monthly basis, or more frequently if required.

Judgment: Compliant

Regulation 6: Health care

At times, the registered provider did not provide appropriate timely medical and health care including a high standard of evidence-based nursing care, in accordance with professional guidance. In one example:

- a resident at high risk of malnutrition was not referred for further expert assessment and review despite continued weight loss over a period of six weeks. This meant that timely and appropriate access to health care professionals for further assessment and expertise when clinically indicated, in line with the centre's policies was not provided.
- the recommendations made following assessment by TVN experts were not considered or implemented, resulting in inappropriate management of this resident with impaired skin integrity.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. There was evidence to show that the centre was working towards a restraint-free environment, in line with local and national policy.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. There was an up-to-date safeguarding policy and procedure in place which was known to staff. Staff demonstrated awareness in relation to how to keep residents safe, and could clearly describe the reporting mechanisms, should a potential safeguarding concern arise.

Judgment: Compliant

Regulation 9: Residents' rights

Notwithstanding the many good practices observed in respect of upholding residents' rights, there was a lack of assurance that decisions impacting the residents regarding the running of the centre were effectively informed by consultation with the residents. For example, records of residents' meetings did not show discussion around a decision to restrict visitor access to the activities room and the management team could not elaborate or provide details on the date that such a decision was made. Furthermore, and when asked by inspectors, the president of the residents' committee said they were unaware of the decision.

Judgment: Substantially 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	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Firstcare Beneavin Lodge OSV-0000117

Inspection ID: MON-0047709

Date of inspection: 17/07/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • All referrals completed by members of an MDT are reviewed by both nurse and CNM within a twenty-four-hour period to ensure recommendations are followed up and care plans updated in a timely manner. Commenced on 20.07.25 and will be ongoing. The improvement process will be monitored through monthly Governance meetings this commenced on 20.08.25 • Systems of communication have been improved to ensure that all residents' will and preferences are being upheld and respected. During a Residents council meeting held on 25.08.25 with thirty-five residents, a decision was agreed by those present that they would prefer that families did not attend group activity sessions in the activity room due to risk of disturbance and overcrowding. Residents have agreed that should they receive visitors during a group activity, their visitors can wait in the reception area or they will leave the activity room and meet their visitor outside. Residents agreed that when there are large group activities planned for the external courtyard, they would prefer if visitors could be invited to attend. Residents who did not attend the council meeting were also included and met with individually by the activity lead to discuss their choice. The resident feedback will be communicated with all nominated visitors on 26.08.25 via the Altra system and by email- complete. • From 20th August 2025, induction of agency staff has been strengthened to include the residents' personal evacuation plans (PEEPs). This is documented into the induction checklist & monitored during the midday safety pause/handover meetings. Agency staff knowledge is further tested during the Managers daily Walkabouts. 	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • Every resident assessed as at high risk of malnutrition is now being re-referred for dietitian review if there is a continued weight loss noted within a four-week period. For this cohort of resident, weekly weights and timely dietitian referrals are being monitored by the management team. Commenced on 20.07.25 and ongoing. From 20th August 2025, this is also monitored at monthly Governance Meetings. • All referrals completed by members of an MDT are reviewed by both nurse and CNM within a twenty-four-hour period to ensure recommendations are followed up and care plans updated in a timely manner. Commenced on 20.07.25 and will be ongoing. The improvement process will be monitored through monthly Governance meetings this commenced on 20.08.25 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Systems of communication have been improved to ensure that all residents' will and preferences are being upheld and respected. During a Residents council meeting held on 25.08.25 with thirty-five residents, a decision was agreed by those present that they would prefer that families did not attend group activity sessions in the activity room due to risk of disturbance and overcrowding. Residents have agreed that should they receive visitors during a group activity, their visitors can wait in the reception area or they will leave the activity room and meet their visitor outside. Residents agreed that when there are large group activities planned for the external courtyard, they would prefer if visitors could be invited to attend. Residents who did not attend the council meeting were also included and met with individually by the activity lead to discuss their choice. The resident feedback will be communicated with all nominated visitors on 26.08.25 via the Altra system and by email- complete. 	

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 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	30/08/2025
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais	Substantially Compliant	Yellow	30/08/2025

	from time to time, for a resident.			
Regulation 6(2)(b)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the resident agrees to medical treatment recommended by the medical practitioner concerned, the recommended treatment.	Substantially Compliant	Yellow	30/08/2025
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	30/08/2025
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	30/08/2025