



**Health
Information
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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:	Carlingford Nursing Home
Name of provider:	Cooley Nursing Home Limited
Address of centre:	Old Dundalk Road, Carlingford, Louth
Type of inspection:	Unannounced
Date of inspection:	15 January 2026
Centre ID:	OSV-0000121
Fieldwork ID:	MON-0049394

About the designated centre

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

The designated centre provides 24- hour nursing care to up to 44 residents, male and female who require long-term and short-term care that includes convalescence and respite. The centre is a single story building. Communal facilities and residents' bedroom accommodation which consists of a mixture of 33 single, four twin bedrooms and one three bed room which are laid out around a well maintained internal courtyard and along a central corridor. The philosophy of care is to provide good quality individual care in a respectful manner to residents requiring residential services. An overall aim is to promote resident independence and to work in partnership with residents, families and friends to achieve the best possible outcomes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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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	07:30hrs to 15:45hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

This was an unannounced monitoring inspection conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse.

The inspector met with many residents during the inspection, and spoke with 12 residents and two relatives in more detail, to elicit their experiences of life in Carlingford Nursing Home. Residents told the inspector that they were happy living there, that they felt safe and were cared for by staff who were attentive to their needs for assistance.

On arrival at the centre, the inspector observed that some residents were up and dressed participating in the routines of daily living. Residents spoken with confirmed that it was their choice to get up early as they always used to. Two residents told the inspector that they 'would love a cup of tea' but said that breakfast was not served until later on in the morning, and therefore had never considered that getting a cup of tea earlier was an option.

The inspector attended the morning handover, where night staff provided an overview of residents' night spent and up-to-date valuable information was shared with day staff. The inspector heard of plans to enhance the handover process to make it more efficient.

Some residents spoke with great anticipation about the planned new extension to the nursing home, with one resident informing the inspector about their intention to speak with management about securing one of the bedrooms in the new building. Another resident and their visitor told the inspector that they were looking forward to the expansion of the centre, however their bedroom location was 'just perfect' and would not be looking to move.

Overall, there was a friendly atmosphere in the centre. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a pleasant manner.

The premises was spacious, clean and well-maintained. The physical environment was accessible for all residents and designed to minimise risk, including secure entry systems.

Resident bedrooms were neat and organised. Residents who spoke with the inspector were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures and photographs in their rooms and other personal items.

On the day of inspection, a singer entertainer visited the centre. This proved very popular with the residents as they were observed enjoying the sing-along, with many residents saying that it was 'always the highlight of their week'.

Residents spoken with described their enjoyment of group-based activities such as bingo and painting, when they occurred. Two residents informed the inspector that lately there were insufficient activities taking place to cater for their interests, with one resident stating 'there's a lot of sitting around watching TV', while the other resident said 'there seems to be a lot of new staff doing the activities'.

The inspector observed that the activity schedule for the month of January listed daily television (TV) based activities, including 'Mass on TV' and 'music on TV'. The inspector noted that there were long periods of time where some residents remained in their bedrooms, with minimal opportunities for engagement and activation.

Management confirmed that new activity staff had been recently employed. The new staff were not on-duty on the day of inspection, however the vacancy had been filled by other staff in a supernumerary capacity. Management had identified that an improved activity schedule was required and were exploring options to promote and ensure a rights-based service for all residents.

Lunchtime was observed to be a sociable and relaxed experience. Residents told the inspector that the food was very good. They said that there was always a choice of meals, and it was always hot and tasted good. They confirmed that food and snacks were available at all times, including out-of hours.

Residents and relatives spoken with informed the inspector that they were happy with visiting arrangements in the nursing home. Relatives said they were welcome to the home at any time and informed the inspector that they were happy with the care provided and felt it was a good place for their relative to live.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affect the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this inspection found that the registered provider had good governance and oversight procedures in place, which ensured that residents were kept free from harm in their home. However, there was opportunity for further improvement in relation to residents' rights, and will be detailed further under the relevant regulation.

This was an unannounced inspection to monitor regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection had a specific focus on the provider's performance with respect to safeguarding vulnerable adults.

The registered provider is Cooley Nursing Homes Limited. A senior management team was in place to provide managerial support. The person-in-charge was responsible for the day-to-day operations in the centre and was supported in the role by the deputy person in charge. The management team were supported by a team of staff nurses, health care assistants, activity, catering, household, administration and maintenance staff.

The provider had nominated a staff member to the role of designated Safeguarding Officer, with responsibility for safeguarding oversight, reporting and compliance.

A review of the duty roster and observations on the day of inspection, indicated that there was sufficient staffing levels maintained to ensure residents' safety at all times.

Staff training records were maintained to assist with monitoring and tracking completion of mandatory and other training completed by staff. A review of training records indicated that the majority of staff were up-to-date with mandatory training, with a small amount of staff, who were due refresher training, booked into upcoming dates.

A record of complaints was kept in the centre and appropriate action appeared to be taken to address any concerns. There were no open complaints at the time of inspection. Residents and their families knew who to complain to if they needed to.

Regulation 15: Staffing

On the day of the inspection there were adequate staffing levels available to meet the needs of the current residents, taking into consideration the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role. Staff demonstrated an appropriate awareness of their training and their role and responsibility in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. The registered provider had established management systems in place to monitor the quality and safety of the service provided to residents.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents were effectively safeguarded in their home and that their health care needs were met.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. The inspector reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. There was evidence that that they were completed within 48 hours of admission and reviewed at four month intervals.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) had care plans in place which reflected trigger factors for individual residents and de-escalation techniques. Staff spoken with were aware of each resident's individual needs and had supports in place to help them to respond appropriately.

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. The inspector reviewed a sample of staff files and all files reviewed showed that staff had obtained Garda vetting prior to commencing employment.

Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided. However, improvement was required to support residents' recreational needs, and will be discussed under Regulation 9: Residents' rights.

Observation of staff interaction identified that staff did know how to communicate respectfully and effectively with residents while promoting their independence. Staff

were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately.

Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. Care plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was high and described person-centred and evidence-based interventions to meet the needs of the residents. There was evidence of resident and family involvement, where appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. The centre was actively promoting a restraint-free environment, in line with national policy.

There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Based on feedback from residents and the inspector's observations, action was required in relation to supporting residents' rights to meaningful occupation and social engagement.

As per the activity schedule, there were limited activities planned for the month of January with an over-reliance on TV planned activities.

There were long periods of time where some residents remained in their bedrooms, with minimal interactions with staff other than task-related activity, and limited time being engaged in meaningful activities.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Carlingford Nursing Home OSV-0000121

Inspection ID: MON-0049394

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 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"> • The monthly activity programme has been reviewed and revised to ensure a varied, meaningful and resident-led schedule that reflects residents' assessed needs, preferences and capacities, which are reflected in their care plans. A minimum of two structured group activities will be provided daily, and each resident will be offered a meaningful engagement opportunity (group or one-to-one) per day. Television-based activities will not exceed 20% of scheduled weekly activities; however, this will be provided as per the residents' choice. The revised programme, which is now reflected in the updated activity schedule, will be implemented from 1 March 2026 and will be reviewed monthly by the Activities Co-ordinator Supervisor, which will in turn be overseen by the Person in Charge (PIC). • A designated Activities Co-ordinator Supervisor role has been newly established to oversee delivery of a consistent, rights-based and person-centred activity service. This role will ensure that 100% of residents have an updated individual activity care plan reflective of their social, recreational and spiritual needs. Nurse in charge will be allocated to generate a report on activities completed which will be given to PIC daily for 3 months, to identify gaps if any and then reduce to weekly taking samples of 10% of residents as a continuity of monitoring. Activity Co-ordinator will be allocated daily to spot check the compliance and report to the DPIC during daily safety pauses. Activities will be discussed during the monthly Governance meeting by PIC. • Discussion about daily meaningful activity will form part of the agenda of the Residents' Committee meeting, which will be conducted monthly for the first three months and will then revert to quarterly once the action plans have been achieved if any. Resident feedback will also be sought through a survey at the end of Q1 and annually thereafter to see the effectiveness of the current activity programme. 	

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 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/04/2026