



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

## Issued by the Chief Inspector

Name of designated centre:	Blarney Nursing and Retirement Home
Name of provider:	Blarney Nursing and Retirement Home Limited
Address of centre:	Killowen, Blarney, Cork
Type of inspection:	Unannounced
Date of inspection:	20 January 2026
Centre ID:	OSV-0000202
Fieldwork ID:	MON-0049405

## About the designated centre

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

Blarney Nursing Home is a single-storey purpose built centre which was open in 1990. It is set in a rural area within well-maintained gardens. It provides 24-hour nursing and social care for 20 people. It caters for diverse needs of adults over 65 years on respite, long stay, and convalescence stay. The centre is a non-smoking facility. There are a variety of sitting and dining spaces as well as a private visitors' room for residents and family use. The bedroom accommodation is laid out in single and double bedrooms, a number of which are furnished with en-suite toilet and shower facilities. Additional shared toilet and shower facilities are available.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	18
--	----

I

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
Tuesday 20 January 2026	09:25hrs to 15:00hrs	Ella Ferriter	Lead
Tuesday 20 January 2026	09:25hrs to 15:00hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

This was an unannounced inspection carried out over one day by two inspectors. On the day of the inspection the inspectors observed that residents were supported to enjoy a good quality of life in Blarney Nursing and Retirement Home by staff who were kind, caring and who knew them well. Residents who communicated with the inspectors, seven in total, were positive with regards their choices being respected and upheld in their home.

The centre is situated a short distance from Blarney village in County Cork. It is a single story premises which is registered to provide care for 20 residents. The inspectors met with the majority of the 17 residents living in the centre, and spoke with six residents in more detail to gain a view of their experiences in the centre. All residents reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. Those residents who could not communicate their needs appeared comfortable and content. Inspectors also spoke with two relatives who were visiting on the day of the inspection. Both were very complimentary in their feedback and expressed satisfaction about the standard of care provided.

Bedroom accommodation comprised 16 single bedrooms, eight of which had en suite facilities, and two twin bedrooms. Residents who did not have access to en-suite facilities had appropriate access to shared shower and toilet facilities. There was enough space in bedrooms to store residents' clothes and other personal belongings, such as photographs and other memoirs. Many resident bedrooms were personalised with items of significance, such as soft furnishings and ornaments. Overall the general environment and equipment viewed appeared visibly clean. The provider was endeavouring to improve existing facilities and the physical infrastructure at the centre through ongoing maintenance and decoration.

Ancillary facilities facilitated effective infection prevention and control measures. Staff had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment and a sluice room for the reprocessing of bedpans, urinals and commodes. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. These rooms were observed to be clean and tidy. Alcohol hand-rub dispensers were readily available within resident's bedrooms and a staff hand hygiene sink was centrally located on a corridor within easy walking distance of resident's bedrooms.

Residents and visitors described the centre as a homely place where everyone knew each other well. Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner. It was evident, from talking with management and staff, that they knew the residents very well and were familiar with each residents' daily routine and preferences. Residents told inspectors they were happy with the activities available to them weekly. They specifically mentioned the exercise classes, music and the yoga. Inspectors observed that care

staff and nursing staff facilitated games and a quiz with the residents on the day of this inspection. Residents were supervised in the day rooms, and were encouraged to engage in activities throughout the day.

Residents were complimentary of the home cooked food in the centre. The majority of residents attended the dining room for their lunch time meal. Inspectors observed residents being assisted with their meals in a respectful and dignified manner. The inspectors saw that there were adequate numbers of staff available to assist residents at meal-times.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place and the quality and safety of the service.

## Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection also had a focus on the provider's compliance with infection prevention and control oversight, practices and processes. Overall, this inspection found that there were continues and sustained improvements in the governance and management of the centre which ensured that residents received good quality, safe care and services. Some action was required, as per the findings of this inspection, with regards to infection control and care planning, which are further detailed under the quality and safety section of this report.

Blarney Nursing and Retirement Home Limited is the registered provider of the designated centre. The company has one named director, who works in the centre full-time and is well known to residents and staff. The provider also employed an operations manager who was a named person participating in management on the centres registration and who had worked in the centre for over 20 years.

From a clinical perspective care is directed by an appropriately qualified person in charge, who is supported by a clinical nurse manager and a team of nursing, and healthcare assistants. The management structure was clearly defined and the lines of responsibility and accountability were clear. On the day of the inspection there were adequate resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs.

Records of staff meetings showed good evidence of consultation with all staff, and staff feedback was actively sought for the adoption and implementation of improvements within the centre. This included the initiation of quality improvement projects in areas such as the reduction of restraint usage and improved oversight of residents' nutrition. Staff were confident in their roles and demonstrated

competence in their work. Staff had access to education and training appropriate to their role.

Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the PIC. However, the provider had not nominated a staff member with the required training and protected hours allocated, to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. This finding is actioned under Regulation 27: Infection Control.

A schedule of infection prevention and control audits was in place. Infection prevention and control audits covered a range of topics including staff hand hygiene, equipment and environment hygiene, waste and laundry management. Audits were scored, tracked and trended to monitor progress and identify areas for improvement. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that the majority of staff were up to date with mandatory infection prevention and control training.

All requested documents were readily available to the inspectors and these were well maintained and stored securely. The inspectors viewed a sample of complaints and found that they had been managed in line with the centre's policy. A sample of four staff personnel files were reviewed by the inspector and found to have all the information required under Schedule 2 of the regulations. Incidents had been reported to the Chief Inspector as per regulatory requirements.

#### Registration Regulation 4: Application for registration or renewal of registration

The registered provider had applied to renew the registration of the centres in June 2025. The appropriate fees were paid and the necessary documentation had been submitted as required. Registration had been granted effective from December 15th 2025, for three years.

Judgment: Compliant

#### Regulation 14: Persons in charge

There was a new person in charge appointed since the previous inspection. They were full time in post since May 2025. They had the necessary qualifications and experiences as required in legislation.

Judgment: Compliant

### Regulation 15: Staffing

The centre had sufficient resources to ensure effective delivery of care and support to residents. The centre had a stable team of staff which ensured that residents benefited from continuity of care, from staff who knew their individual needs. The team providing direct care to residents consisted of registered nurses, and a team of health care assistants. There were sufficient numbers of housekeeping, catering and maintenance staff in place.

Judgment: Compliant

### Regulation 16: Training and staff development

There was an ongoing comprehensive schedule of training in place, to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were supervised in their roles daily by the management team. A comprehensive training matrix was made available to the inspectors and demonstrated up to date training for staff, with refresher training booked in the coming weeks. As well as the mandatory training staff also received additional training in wound care, pressure ulcer prevention, nutrition and dementia awareness.

Judgment: Compliant

### Regulation 21: Records

Records were seen to be maintained and stored adequately and met legislative requirements. Records were made available to the inspector who noted that they complied with Schedule 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example, An Garda Síochána (police) vetting disclosures were in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. These records were available in the centre for each member of staff, as required under Schedule 2 of the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

There was an effective governance and management arrangements in place and clear lines of accountability. Management systems in place enabled the service to be consistently and effectively monitored, to ensure safe and appropriate services were delivered to residents. Infection prevention and control and antimicrobial stewardship governance arrangements ensured the sustainable delivery of safe and effective infection prevention and control. There were effective management systems in place to monitor the quality and safety of care provided to residents. The provider ensured that the centre had sufficient resources to ensure the effective delivery of care.

Judgment: Compliant

## Regulation 31: Notification of incidents

A record of incidents occurring in the centre was well maintained. All incidents had been reported in writing to the Chief Inspector, as required under the regulations. Improvements were noted in the accuracy of incident records since the previous inspection.

Judgment: Compliant

## Regulation 34: Complaints procedure

The procedure for making complaints was on display in the centre. It was evident that an effective complaints procedure was in place and the complaints procedure was overseen by the person in charge, who welcomed feedback from residents and relatives. A review of the complaints register found that complaints were managed in line with the requirements of the regulations.

Judgment: Compliant

## Quality and safety

Overall, the findings of this inspection evidenced that the management and staff strived to provide a good quality of life for the residents living in Blarney Nursing

and Retirement Home. Residents reported that they received good care and support from staff and felt safe living in the centre. Some actions were required with regards to infection control and care planning and these findings are detailed under the relevant regulations.

Residents had good access to medical care and records indicated that residents were reviewed regularly. Inspectors had the opportunity to meet with the GP who was on site on the day of this inspection and it was evident they were committed to ensuring residents were well cared for in the centre. Residents also had good access to allied and specialist services such as speech and language therapy, dietetics and occupational therapy. Where medical or specialist practitioners had recommended specific interventions, nursing and care staff implemented these.

A review of the nutritional aspects of the service found that there were robust arrangements in place to ensure residents, assessed as being at risk of malnutrition received care and support in line with their assessed care needs, and the recommendations of health care professionals. Residents were monitored for weight loss and were provided with access to dietetic, and speech and language services when required.

Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. It was evident to inspectors that validated risk assessments were regularly completed to assess clinical risks such as risk of malnutrition, falls and pressure ulcers. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and were generally reviewed at intervals not exceeding four months. However, end of life care plans required updating to ensure they reflected resident's personal preferences in a detailed and person-centred manner. Inspectors also found that the residents guide required updating to ensure it included a summary of services and facilities in the centre, which is detailed under Regulation 20.

Inspectors identified examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment and safe handling and disposal of waste. Equipment viewed was also generally clean and well maintained. The overall risk of infection in the centre was low, as there were no residents with a known history of multi-drug resistant organisms (MDROs), no active infections identified and no residents with open wounds or indwelling medical devices, such as urinary catheters. Systems were in place to monitor the vaccination status of residents and to encourage vaccination including booster vaccination, to the greatest extent practical.

There had been one outbreak infection in the centre in 2025. A review of notifications submitted found that this outbreak was detected, managed and controlled in a timely and effective manner.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example, the volume of antibiotic use was also monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Notwithstanding the many good practices observed, a number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. These findings are discussed further under Regulation 27: Infection control.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations, under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. The inspectors reviewed a sample of medicine prescribing and administration sheets. All medicines were regularly reviewed by the general practitioners. Prescription and administration records were completed in accordance with best practice guidelines.

The inspectors found that residents' rights and choices were promoted and respected in the centre. Residents had good opportunities to participate in social activities in line with their interests and capabilities. Residents were supported to continue to practice their religious faiths and had access to newspapers, radios and televisions.

### Regulation 11: Visits

Residents who spoke with the inspector confirmed that they were visited by their families and friends. There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in two dedicated visitor rooms.

Judgment: Compliant

### Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations 2013.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices for their meals and snacks and refreshments were made available at the residents request. Menus were developed in consideration of residents individual likes, preferences and, where necessary, their specific dietary or therapeutic diet requirements, as detailed in the resident's care plan. There was sufficient staff available at mealtimes to assist residents with meeting their hydration needs and with eating their meals.

Judgment: Compliant

## Regulation 20: Information for residents

Although there was a residents guide in place it did not contain all information required as per the regulations. Specifically this related to information for residents pertaining to the complaints procedure and a summary of services and facilities.

Judgment: Substantially compliant

## Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however, some further action is required to be fully compliant. For example;

- The provider had not nominated a nurse to the role of infection prevention and control link practitioner to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.
- The cleaning trolley did not have a physical partition between clean and soiled items. In addition, the trolley was not equipped with a locked compartment for storage of chemicals. This increased the risk of cross contamination and ingestion of hazardous cleaning products.
- Open-but-unused portions of wound dressings were observed in the nurses' station storage press. Reuse of open but unused wound dressings is not recommended due to risk of contamination.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

The inspectors found evidence of good medicines management practices in the centre. The inspector spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management. Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medicines that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. However, further action was required in relation to end of life care plans, the inspectors found that some end of life plans were not reviewed and updated at regular intervals to ensure that they effectively guided staff in the support and care to be provided to a residents at end of life.

Judgment: Substantially compliant

### Regulation 6: Health care

The health of residents was promoted through ongoing medical review and access to a range of external community and outpatient-based healthcare providers such as chiropodists, dietitians, physiotherapy, occupational therapy, speech and language therapy. Residents had access to appropriate equipment to meet their assessed needs such as pressure relieving equipment and manual handling equipment. There was a very low incidence of pressure ulcer development in the centre and there were no residents with pressure ulcers on the day of this inspection. A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any residents living in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

There was evidence of on-going consultation with residents and their representatives. Residents' meetings were held every three months facilitated by the person in charge. Minutes of meetings were recorded. The inspector reviewed the minutes of recent meetings and noted that issues such as food and activities were discussed. There was evidence that issues raised by residents had been acted upon by the management team such as changes in menu and suggestions for activities.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Blarney Nursing and Retirement Home OSV-0000202

Inspection ID: MON-0049405

Date of inspection: 20/01/2026

## 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 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The Residents' Guide has been reviewed and updated to ensure it contains all information required under Regulation 20, including a summary of the services and facilities provided in the centre and clear information on the complaints procedure. The updated guide has been made available to residents and their representatives and will be provided to all new residents on admission.</p> <p>]</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The registered provider has nominated one of the nurses to the role of Infection Prevention and Control (IPC) Link Practitioner.</p> <p>A new cleaning trolley will be procured to ensure the safe storage of cleaning chemicals. All unused open wound dressings have been removed from clinical areas. Nursing staff have received refresher education on best-practice wound care management, including the requirement that single-use wound dressings are not reused once opened.</p> <p>]</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All residents' care plans, including end-of-life care plans, have been reviewed and updated to ensure they are person-centred, reflect residents' wishes and preferences, and are reviewed at intervals not exceeding four months. Residents and, where appropriate, their families were consulted as part of this review process.</p> <p>]</p>	

## 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 20(2)(a)	A guide prepared under paragraph (a) shall include a summary of the services and facilities in that designated centre.	Substantially Compliant	Yellow	15/02/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	15/03/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with	Substantially Compliant	Yellow	10/02/2026

	the resident concerned and where appropriate that resident's family.			
--	--	--	--	--