



**Health
Information
and Quality
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:	CareChoice Ballynoe
Name of provider:	Carechoice Ballynoe Limited
Address of centre:	Whites Cross, Cork
Type of inspection:	Unannounced
Date of inspection:	20 March 2026
Centre ID:	OSV-0000210
Fieldwork ID:	MON-0049848

About the designated centre

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

Carechoice Ballynoe (known as Ballynoe) is a designated centre which is part of the Carechoice group. It is located in the rural setting of Whites Cross and is a short distance from the suburban areas of Ballyvolane, Blackpool, and Cork city. It is registered to accommodate 46 residents. Ballynoe is a two-storey facility with lift and stairs to the upstairs accommodation. It is set out in three corridors on the ground floor called after local place names of Glen, Shandon and Lee; and Honan on the first floor. Bedroom accommodation comprises single and twin rooms downstairs and 12 single occupancy bedroom upstairs. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas comprise a comfortable sitting room, the Morrissey Bistro dining room, a large day room and a large quiet room with comfortable seating. The hairdressing salon is located near the main day room. There is a substantial internal courtyard with lovely seating and many residents have patio-door access to this from their bedrooms; there is a second smaller secure courtyard accessible from the quiet room and a further enclosed space accessible from the main day room. At the entrance to the centre there is a mature garden that can be viewed from the sitting room, dining room and some bedrooms. Carechoice Ballynoe provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
--	----

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
Friday 20 March 2026	08:30hrs to 17:00hrs	Erica Mulvihill	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. Overall, findings of this inspection were that residents living in Carechoice Ballynoe were well cared for and supported to live a good quality of life, by a dedicated team of staff, who were well known to residents. The inspector met with most of the 46 residents and spoke to 15 in more detail. Residents comments such as " the staff are super here", " there's no place like this, we are going all day long" and one resident stated that if they remained at home they would be on their own, but in the centre, they had forged "friendships of a lifetime".

Upon arrival to the centre, the inspector was greeted by a staff nurse. Following this, the inspector went on an initial walk around the centre with the assistant director of nursing and met with some staff and residents and observe their daily morning routines. Staff were observed to be kind and courteous, and knocked on resident doors prior to entry. After the walk around, the inspector met with the person in charge.

Carechoice Ballynoe is a designated centre registered to accommodate 46 residents; all beds in the centre were allocated to residents on the day of the inspection. The centre is a two story building with resident accommodation on both floors. The main entrance is wheelchair accessible and leads into a nicely decorated reception area. The registration certificate, complaints procedure and the centres statement of purpose were displayed in the corridor off the main reception. Directional signage was evident throughout the centre to allay confusion and disorientation of residents with cognitive impairment. Butterfly emblems displayed codes to doors and the lift to the first floor.

The inspector observed breakfast times in the centre. Some residents who were awake, were having their breakfast in their bedrooms as this was their choice, whereas other residents were still sleeping and as per their preferences when they awoke, were observed to have their breakfast in the dining room of the centre.

The dining room was nicely decorated and had large pictorial windows looking out over the front of the property. On the day of the inspection, sun shone into the centres rooms and gardens and some residents were seen discussing the fine weather with other residents in the day room whilst having some refreshments provided by staff. A number of residents had a door from their bedroom leading out to the enclosed garden area and were observed to sit out in this area for parts of the morning.

The large day room had been decorated since the last inspection and new seating had been purchased by the provider to ensure the comfort of residents who attended the days' activities sessions. In the morning, two staff were observed interacting with residents, one staff member was playing balloon games with a

resident and another member of care staff was providing a resident with a manicure service using the mobile "nail bar" which was brought around to residents who enjoyed this activity. During the day, the residents were seen to be singing, watching mass on TV and in the afternoon, a talented singer from the community, sang some of the residents favourite songs while the staff offered refreshments including tea, coffee, juice or a glass of wine for residents as per their preference.

Some wear and tear of bedroom doors and some wall surfaces from equipment was noted. The person in charge stated that painting works were ongoing through the centre. Residents bedrooms were observed to be very clean and tidy and some were personalised with family pictures and personal affects which created a homely touch for the residents. In shared rooms, privacy screens were available to maintain the residents dignity and privacy where required.

The centre had adequate areas of communal space including the small comfortable sitting room, the quiet room which since the last inspection, is used as a residents space for family visits, and had tea and coffee facilities for residents and family members to enjoy a catch up and a cup of tea if they wished to do so.

The upstairs accommodation comprised of 12 single bedrooms, which had ensuite facilities. Communal space upstairs comprised a sitting room and separate dining room with kitchenette facilities. One resident was observed to frequented these communal spaces regularly throughout the day.

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

Capacity and capability

This unannounced inspection found that Carechoice Ballynoe was a well managed centre, where the management team focused on ongoing improvement to enhance the quality and safety of care for residents living in the centre. The governance and management systems in place were significantly improved since the findings of the last inspection. Observations on the day of the inspection was that there was adequate systems in place to ensure that residents were supported to have a good quality of life.

Carechoice Ballynoe is operated by Carechoice Ballynoe Limited. It is part of the Carechoice group which has a number of designated centres throughout the country. There is a clear management structure, which comprises the board of directors, and the CEO who is the person nominated to represent the registered provider. The management team within the centre is supported by a national management team of quality, finance, facilities and human resource staff. On site, the person in charge was supported by two assistant directors of nursing (ADON)

and a team of nurses, healthcare assistants, catering, administration, household and maintenance staff.

The provider had systems in place to support the monitoring and oversight of the service. A programme of clinical and operational audits were completed by the management team on a regular and ongoing basis. The results of these audits were used to inform the development of quality improvements plans and were reviewed and updated and disseminated to staff at safety huddle meetings held in the centre. The management team met on a regular basis to review and discuss key areas of the service. Records of these meetings were well maintained.

On the day of the inspection, the staffing levels and skill mix were observed to be appropriate to meet the assessed health and social care needs of the residents accommodated in the centre. A number of residents were assessed as requiring one to one care, and there was evidence that staff were allocated appropriately to meet these requirements. Up to date rosters were available for review, which reflected the configuration of staff on duty.

The inspector reviewed a sample of staff files. These contained all of the information and documentation required by schedule 2 of the regulations, including evident of An Garda Siochana vetting disclosures and nursing registration with the Nursing and Midwifery Board of Ireland (NMBI).

Staff were facilitated to complete mandatory training and additional professional development training, to ensure they were appropriately skilled to meet the residents' needs. This included training in fire safety, dementia care, safeguarding vulnerable adults and infection prevention and control. Staff who spoke with the inspector demonstrated a good awareness of the training that they had completed.

There was a policy and procedure in place regarding the management of complaints. A review of the complaints log found that complaints were recorded, investigated and managed in line with regulatory requirements.

Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the assessed needs of the 46 residents living in the centre at the time of the inspection. The roster showed that the two assistant directors of nursing worked opposite each other providing management support to staff until 8pm seven days a week.

Judgment: Compliant

Regulation 16: Training and staff development

From a review of training records maintained in the centre, the inspector saw that the person in charge had ensured that staff had access to training appropriate to their role. Mandatory training such as safeguarding vulnerable adults, manual handling, fire safety, management of responsive behaviour was noted to be up to date for staff and refresher training sessions were planned during the year to ensure compliance.

Improvements in supervision of staff in relation to call bell answering and care delivery was observed. Call bell audits were carried out every Monday. Any improvements required were discussed at safety huddle meetings with staff to ensure that bells were answered in a timely manner.

Judgment: Compliant

Regulation 21: Records

The records required to be maintained in each centre under Schedule 2,3 and 4 of the regulations were made available to the inspector. Staff files were well maintained on an electronic system and contained the necessary documents as required by regulation.

Judgment: Compliant

Regulation 23: Governance and management

The centre was adequately resourced, ensuring the effective delivery of care in accordance with the statement of purpose. There were effective governance and management systems in place and clear lines of accountability. The person in charge had access to the senior management team for advice and support when required. Management systems in place had been strengthened since the last inspection and this enabled the service to be consistently and effectively monitored to ensure a safe and appropriate service for residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of contract of care for residents living in the centre. Each contract outlined the terms and conditions of the accommodation and

the fees to be paid by the resident or their representative. Their bedroom allocation was also detailed as per regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the office of the Chief inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a robust complaints procedure in place which upon review of records, the inspector saw that where a complaint or concern was received, there was a written response provided to the complainant detailing a summary of the investigation, whether the complaint was upheld, the review process and any learnings from the investigation of the complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies for the centre were reviewed and were up to date. The complaints policy reflected the procedure that surrounded the system of complaints and the temporary absence policy was reviewed and was implemented to ensure safe transfer of residents to another facility and on return.

Judgment: Compliant

Quality and safety

The inspector found that the residents accommodated in the centre experienced a good quality of life in the centre, and that their health and social care needs were being met by the registered provider.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of comprehensive holistic care plans, which were reviewed four monthly or more frequently if required. Notwithstanding these positive findings, some action was required as one care plan reviewed, in relation to the wishes of a resident if they were approaching end of life, was incorrect and did not align to the residents' preferences as indicated in other parts of their care plan. This would not assure that staff would be directed to ensure this residents wishes and preferences were upheld. This is actioned under Regulation 5: Individual assessment and care plan.

Residents had timely access to a general practitioner (GP) of their choice. Residents identified as requiring additional health and social care professional expertise were referred to these services as required and evidence of ongoing input was evident in the residents care records.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received care and support in line with their assessed individual needs.

The centre had appropriate oversight and monitoring of the use of restrictive practice measures and evidence was seen in relation to review of these measures with multidisciplinary team members involved.

There was an activity schedule in place, which ensured that residents were provided with opportunities for social engagement. There was activity staff rostered seven days per week in the centre who ensured that residents could participate in group sessions as well as one to one activities in line with their individual needs and preferences. On the day of the inspection, many residents were observed to be encouraged and supported to partake in the activities that were taking place, such as nail care and live music.

The centre had a team of dedicated cleaning staff who were on site daily to ensure that resident spaces were clean and tidy. The inspector observed and spoke with some staff and found them to be knowledgeable of their roles and responsibilities and were clear regarding isolation precautions, cleaning schedules in the event of infection or outbreak and all measures particular to their role in relation to transmission of infection.

The premises was designed and laid out to meet the individual and collective needs of the residents. There was a variety of communal and private spaces observed in use by residents on the day of the inspection. All communal areas of the centre were bright, spacious and had comfortable and colourful furnishings. The inspector

found however, some areas which required repair and maintenance and these will be detailed under Regulation 17: Premises.

Regulation 17: Premises

Action was required in relation to the upgrading and repair in some areas of the centre. As evidenced by:

- One residents' ensuite bathroom on the first floor did not have a supply of hot water as reported by the resident. The person in charge arranged for the plumber to attend the centre to review this once they were informed by the inspector.
- some bedroom doors were scuffed from equipment knocking into them and required attention.
- one residents' ensuite bathroom had a leaking toilet cistern which, from speaking with the resident was ongoing and required attention. Evidence of water marks and staining around the toilet were visible.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector saw that residents were offered a choice of courses for the lunch time meal and many residents were complimentary regarding the quality and variety of food provided. Resident who required assistance received it, in an unhurried dignified manner by kind and respectful staff. It was evident that residents who required review by a dietitian were referred and assessed, in a timely manner. Refreshments were offered to residents throughout the day to ensure residents' diet and hydration needs were met.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector saw that transfer records included relevant person centred information, when residents were transferred to acute care. This document contained details of residents' assessed needs to support sharing of and access to information within and between services.

Upon residents return to the centre, care records reviewed showed that staff made effort to ensure that all relevant information was obtained from the receiving hospital and uploaded to the residents care plan where necessary.

Judgment: Compliant

Regulation 27: Infection control

The centre had two designated leads for infection prevention and control. These designated members of staff had undertaken the link nurse course to ensure staff had access to infection prevention and control advice as required. There was evidence of adequate resources in place to ensure residents' bedrooms and the centre was cleaned daily and rooms deep cleaned regularly. There was good oversight of residents who were colonised with (multi-drug resistant organism) MDROs and guidance was evident in their care plans. The inspector saw that equipment and the environment were cleaned to a very high standard and residents who spoke with the inspector confirmed that their rooms were cleaned daily.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvements were noted overall in resident care plans since the last inspection. However, some action was required in relation to ensure up to date information was available to direct care for staff. For example:

- One resident had incorrect information entered into a care plan in relation to their wishes and preferences if they were approaching end of life which could lead to errors in care delivery at this time.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to medical assessment and review by a general practitioner(GP). a range of allied health professionals were also available for referral and consultation such as physiotherapy, who visited the centre weekly for individual assessments but also attended the centre for two group exercise sessions per week. The centre had access to dietetic services, tissue viability, occupational therapy and details of referral and ongoing review was observed by the inspector.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors observed many person centred interactions between staff and residents. The person in charge ensured that there was a low level of restraint in use in the centre and was working toward a restraint free environment. Evidence of alternate usage of restrictive practice was in place with good oversight and review. Staff were up to date with training in how to respond and manage responsive behaviours.

There were two residents in the centre who required close staff supervision and care plans were detailed and updated to reflect any changes in behaviour or changes in care requirements.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted regarding the running of the centre, through regular resident meetings. There was evidence that feedback from residents was acted on by the management team. Residents had access to independent advocacy services as required. There was a schedule of activities available for residents over the seven days of the week which enabled residents to participate in meaningful and interesting activities including group and one to one 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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for CareChoice Ballynoe OSV-0000210

Inspection ID: MON-0049848

Date of inspection: 20/03/2026

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The issue relating to the lack of hot water in a resident's en-suite bathroom on the first floor was addressed immediately upon identification. A contracted plumber attended the centre on the same day, and the hot water supply was restored in full. • The leaking toilet system in a separate en-suite bathroom has been assessed. The required replacement parts have been identified and ordered. The contracted plumber will complete the repair upon receipt of these parts. In the interim, the area is subject to ongoing monitoring to ensure there is no impact on residents' comfort, safety, or infection prevention and control. • In relation to environmental upkeep, scuffed bedroom doors identified during the inspection will be addressed as part of the centre's ongoing maintenance programme. Repairs will be scheduled and completed to ensure the premises are maintained in a good state of repair. • The Person in Charge will continue to monitor all identified areas to ensure that the premises remain safe, functional, and appropriately maintained in line with regulatory requirements. 	
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> <ul style="list-style-type: none"> • The identified issue relating to incorrect information documented in one resident's end-of-life care plan has been addressed. The care plan has been reviewed and updated to accurately reflect the resident's current wishes and preferences. • A comprehensive review of end-of-life care plans for all residents has been undertaken 	

to ensure accuracy and alignment with each resident's expressed wishes.

- Staff have been reminded of the importance of maintaining care plans that are person-centred, accurate, and regularly updated to reflect any changes in residents' needs, preferences, or clinical status.
- The Person in Charge will continue to monitor care plans through regular audits and oversight processes to ensure that all information remains up-to-date, clearly documented, and reflective of the individual resident's assessed needs and expressed wishes.

]

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2026
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 the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	20/03/2026