



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

## Issued by the Chief Inspector

Name of designated centre:	CareChoice Clonakilty
Name of provider:	CareChoice Clonakilty Limited
Address of centre:	Clogheen, Clonakilty, Cork
Type of inspection:	Unannounced
Date of inspection:	04 February 2026
Centre ID:	OSV-0000230
Fieldwork ID:	MON-0049288

## About the designated centre

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

CareChoice Clonakilty is a designated centre for older people which is registered for the care of 50 residents. The premises is a purpose-built centre with three wings which are all on ground level. Residents are accommodated in 42 single-bedrooms and four twin-bedded rooms. All bedrooms have en-suite toilet, wash hand-basin and shower facilities. In addition, there are six assisted-toilets and one assisted-spa relaxation bathroom. Communal rooms include two dining-rooms, two day-rooms, a sensory room and a hair salon. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It is a mixed-gender facility catering from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring transitional, convalescent and respite care.

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

Number of residents on the date of inspection:	49
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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
Wednesday 4 February 2026	09:30hrs to 17:25hrs	Ella Ferriter	Lead

## What residents told us and what inspectors observed

Overall, findings of this inspection were that residents living in CareChoice Clonakility were very satisfied with the care they received. The inspector met with many of the 49 residents living in the centre and spoke with 13 residents in more detail about their experience of living in the centre. Feedback from residents spoken with was overwhelmingly positive, particularly with regards to the attentiveness and kindness of the staff. Residents told the inspector that they were content and felt safe and secure in the centre.

This was a one day unannounced inspection, by one inspector of social services. Over the course of the day the inspector spent time observing staff interactions with residents, the care environment and the quality of care being provided to residents. Some residents living in the centre had a diagnosis of a cognitive impairment and could not converse with the inspector. These residents appeared relaxed and comfortable in the presence of staff throughout the day. The inspector met with three visitors who all gave positive feedback with regards to the care provided to their family member.

Carechoice Clonakility provides long-term care for both male and female adults with a range of dependencies and needs. The centre is situated in the town of Clonakility, in West Cork. It is a single-storey purpose-built facility, which can accommodate 50 residents. The centre is divided into three distinct wings called Galley Head, Argideen and Red Strand, all depicting local town lands in the vicinity. The corridors were seen to be sufficiently wide to accommodate walking aids and wheelchairs, and handrails were readily available for residents' use. The corridors were decorated with pictures of local scenery, decorations and art work, which reflected the centres close proximity to the sea.

The reception area was staffed with a receptionist who warmly greeted visitors throughout the day, and residents as they walked through the centre to the dining room. The centre was observed to be clean, bright and warm throughout. On arrival the inspector saw that some residents were up and ready for the day ahead, others were having breakfast in the dining room, while others were being assisted with personal care by staff. Residents were observed to be dressed in accordance with their own style and preferences.

Staff spoken with throughout the day demonstrated an understanding of residents' rights and were observed to support residents to exercise their rights and choice. The inspector saw that staff interacted with residents in a respectful manner and knew many of the residents' preferences. Residents told the inspector that they could always choose what time they would like to get up and retire to bed and that staff always respected their decisions. Residents had access to local and national

newspapers, radios and televisions. The inspector saw posters displaying details of advocacy services, and residents were referred to advocacy services if required.

Bedroom accommodation comprises of 42 single and four twin rooms, all with en-suite facilities. Bedrooms were of adequate size and layout and could accommodate a bedside locker and armchair. Many residents' bedrooms were personalised with family photographs, ornaments and memorabilia of significance to the residents, such as book shelves, with books brought in from home. A number of residents told the inspector they loved their rooms and were supported by the maintenance staff to hang their pictures on the walls, which was very important to them. The centre had a number of communal spaces that were warm, homely, nicely decorated and well maintained. Outdoor space included two courtyard gardens which were independently accessible and well maintained, for residents living in the centre.

The inspector observed the lunchtime and evening meal on the day of inspection. Most residents had their lunch in the dining room over two sittings and the inspector observed care staff engaging positively with residents and assisting them as required. There was a choice for each meal and menus were displayed on the tables. Residents gave very positive feedback regarding the quality and choice of food available for each meal. Many residents required assistance and the inspector saw that they were provided with it, in a respectful and unhurried manner. The inspector spoke with the chef who demonstrated good knowledge of the residents that required specialised or modified diets, individual likes and dislikes of residents and recommendations of Speech and Language Therapists (SALT) and dietitians.

There was a varied schedule of activities available for residents that were held over seven days of the week, which included group activities such as bingo and exercise classes. Many of the residents told the inspector they enjoyed activities in the centre. During the day, the inspector saw residents participate in newspaper reading and a discussion about current affairs, as well as mini golf and games. The hairdresser was in attendance on the day of the inspection and many residents were seen to attend the hair salon. The inspector was informed that there had been a recent review of the activities programme, and a plan being implemented for enhanced one-to-one activities, for residents who chose to remain in their bedroom, in the coming weeks.

The next two sections of the report present the findings of this inspection in relation to capacity and capability of the provider, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection by an inspector of social services to monitor compliance with regulations and to follow up on the findings from the previous inspection of March 2025. Overall, findings of this inspection were that the centre

was well managed, and the governance and management systems in place ensured that residents living in the centre were provided with a good standard of care.

CareChoice Clonakilty is a designated centre for older people owned and operated by CareChoice Clonakilty Limited, who is the registered provider. The centre is part of the CareChoice group, which has a number of nursing homes nationally. The organisational structure within the centre is clear, with roles and responsibilities understood by the management team, residents and staff. The management team operating the day-to-day running of the centre consists of a full-time person in charge and two full-time assistant directors of nursing, who were supernumerary to the nursing complement in the centre. They were supported by a team of nurses, healthcare assistants, activities, catering, domestic, an administrator and a full-time maintenance person

A new person in charge had been appointed to the role in October 2025 and the provider had notified the office of the Chief inspector of this appointment, as required by the regulations. The management team reported to the Chief Executive Officer (CEO) of the company, who represented the provider and they also had the support of a regional operations manager for the Munster region, a quality department, human resources, and maintenance and facilities within the group. A human resources representative was based on site two days a week.

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. The inspector reviewed the record of staff training and it was evident that the registered provider had a comprehensive training programme in place for staff. A review of the records indicated that staff had received up-to-date training in areas such as safeguarding residents from abuse every two years and fire training yearly. There was also training being delivered on the day of inspection for staff on General Data Protection Regulation (GDPR).

The provider had communication systems in place which included daily handover and regular meetings with groups of staff such as nursing, catering and healthcare assistants. Governance and management meetings took place with the management team, whereby key performance indicators, such as number of incidents, complaints, pressure ulcers, residents experiencing weight loss and the use of restrictive practices were monitored. Policies and procedures required by Schedule 5 of the regulations were available to guide staff, for example the policies on use of restraint, fire safety management and end-of-life care. These policies were centre-specific and were up to date with relevant information and national and international guidance. However, the centre's policy in relation to the use of closed circuit television (CCTV), was found not to be implemented in practice, which is actioned under Regulation 4.

There were good record management systems in place. A sample of four staff personnel files were reviewed by the inspector. There was evidence that each staff member had a Garda Síochána (police) vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 on file, prior to

commencing employment. All residents were issued with a contract for the provision of services. The contracts outlined the services to be provided and the fees, if any, to be charged for such services.

A summary of the complaints procedure was displayed in the centre and a record of complaints raised by residents and relatives was maintained. It was evident that the complaints officer investigated complaints as they arose and put plans in place to reduce the risk of recurrence. For example, an increase in complaints pertaining to the laundry services resulted in enhanced procedures to label clothing and an increase in residents satisfaction with the service.

An electronic record of all accidents and incidents involving residents that occurred in the centre was maintained. The inspector found that there was a system in place to enable staff to report adverse incidents, such as falls. This information was included in weekly key clinical performance indicator reports and discussed at governance meetings. The Chief Inspector of Social Services had been notified of all incidents occurring in the centre, as required by the regulations.

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

The application for registration renewal was submitted to the Chief Inspector and included all information required, as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was working full-time in the centre and had the required experience and qualifications as required by the regulations. They had been appointed to this role in October 2025.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of this inspection the inspector found there were sufficient staff on duty in the centre, to meet the assessed needs of residents given the size and layout of the centre. Management staff rotated on duty at weekends, to ensure governance and oversight of the service, over seven days.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a training programme in place for staff, and records confirmed that staff were facilitated to attend training in fire safety, manual handling procedures and safeguarding residents from abuse. Staff also had access to additional training to inform their practice, such as infection prevention and control, and training in the management of responsive behaviours.

Judgment: Compliant

### Regulation 21: Records

Record keeping and file management systems consisted of both electronic and paper based systems. A review of staffing records found that all staff personnel files contained the information specified in Schedule 2 of the regulations. Records were well maintained and stored securely in the centre.

Judgment: Compliant

### Regulation 22: Insurance

The provider had an up-to-date contract of insurance in place against injury to residents, and loss or damage to residents' property.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found the centre was adequately resourced to ensure residents living in CareChoice Clonakilty were provided with a high quality and safe service. There was a clearly defined management structure in place and staff were aware of their individual roles and responsibilities. The management team and staff demonstrated a commitment to quality improvement through a system of ongoing monitoring of the services provided to residents and encouraging feedback from residents about their experiences.

Judgment: Compliant

#### Regulation 24: Contract for the provision of services

A sample of the contracts of care were reviewed and they outlined the terms on which the residents shall reside in the centre. They were seen to include, the room to be occupied and number of other occupants in that room, the fee for the service and details of any additional fees to be charged which are not included in the fee.

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, within the required time period.

Judgment: Compliant

#### Regulation 34: Complaints procedure

There was an effective complaints procedure was in place. Complaints were investigated promptly, complainants were informed of the outcome and it was recorded if they were satisfied with the response to the complaint. There was a named person to deal with complaints and the procedure to make a complaint was displayed in the centre.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The centres policy with regards to the use of CCTV was seen not to be implemented. Specifically, CCTV screens were observed to be situated at the nurses' station. This was not considered suitable when considering residents expectation of privacy and was contrary to the centres policy which stated access to CCTV would be restricted in the centre.

Judgment: Substantially compliant

## Quality and safety

The inspector found that management and staff working in the centre promoted a person-centred model of care. Residents' individual rights were supported in Carechoice Clonakilty and residents living in the centre were seen to have a good quality of life, which was encouraged by staff who were kind and supportive. There was evidence of good consultation with residents, and their needs were being met through good access to healthcare services and opportunities for social engagement.

Residents had access to appropriate medical services to ensure that their health care needs were met. From a review of records and from speaking with staff and residents, it was evident that residents were referred in a timely manner to appropriate allied health and social care professionals such as the dietitian, tissue viability nurse and the speech and language therapist. A physiotherapist attended the centre two days a week, to provide assessments and treatments for residents. Procedures were in place to ensure that the transfer of residents from the designated centre occurred in line with the requirements of the regulations. This included consultation with residents and their representatives regarding transfers and discharges, and arrangements to ensure information pertinent to the care of residents were communicated to the receiving healthcare facility.

The inspector saw that the design and layout of the premises was suitable for its stated purpose and met residents individual and collective needs in a comfortable and homely way. Residents had access to a lockable space in their bedrooms and had ample storage room for their clothes and personal belongings. Where residents had requested that sums of money be held in the centre, a safe log book recorded deposits and withdrawals for residents on-site. The inspector was satisfied the deposits on record matched the amount held in the safe. Carechoice finance personnel also conducted an internal audit on a regular basis, while external audits were conducted annually.

Improvements were noted in the care planning processes and in the monitoring of residents at risk of malnutrition. A number of validated assessment tools were used to assess clinical risk to residents. It was evident that residents had care plans developed within 48 hours of admission to the centre, as required by the regulations. Care plans were updated within four months or when needs of residents changed. A review of residents who required enhanced monitoring of their nutritional care evidenced that weekly and monthly weights were being recorded as indicated. Food intake monitoring charts were being maintained if required and there was timely referral to dietetic and speech and language services, to ensure best outcomes for residents.

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. There was evidence of consultation with residents in the planning and running of the centre to influence changes or improvements.

#### Regulation 12: Personal possessions

Residents had adequate space within their bedrooms to retain control over their personal property, possessions and finances which included lockable storage. Residents clothes were laundered on site and there had been recent improvements to these systems.

Judgment: Compliant

#### Regulation 17: Premises

The premises was clean and well maintained and it conformed with the matters set out in Schedule 6 of the Regulations. It was decorated to a high standard and there were ongoing enhancements to make it comfortable and homely for residents.

Judgment: Compliant

#### Regulation 18: Food and nutrition

There was documentary evidence of an effective communication procedures between nursing staff and catering staff. There was a four week rolling menu plan in place which offered choice. Residents were very complementary regarding their food and menu choices and the availability of home baking. Care plans to support residents with their nutritional requirements and weights were comprehensive and detailed to direct care delivery.

Judgment: Compliant

#### Regulation 25: Temporary absence or discharge of residents

Where a resident had been transferred to a hospital, the inspector noted the sharing of relevant information about the resident with the receiving hospital, to support the safe transfer of care. Similarly, upon the resident's return to the centre, the nursing team took steps to obtain relevant information from the treating hospital.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre, as per regulatory requirements. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. Care plans reviewed were updated four monthly and contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care.

Judgment: Compliant

### Regulation 6: Health care

Residents were provided with a good standard of evidence-based health and nursing care and support. Residents had timely access to a general practitioners from local practices. Residents also had good access to other allied health professionals such as SALT, a dietitian and specialist medical services such as community palliative care and community mental health services as required. Where residents were being treated for pressure ulcers, wound care practices were found to be in line with evidence based nursing care and there was prompt referral to a tissue viability nurse, for recommendations on the most appropriate treatment.

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.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were provided with the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents' meetings every three months and taking part in resident surveys. The inspector found that residents' rights and choices were promoted and respected in the centre. Residents could engage in appropriate activities in relation to their interests. There was a team of three activity personnel to facilitate this and there were plans for enhancement of the activities programme in the weeks ahead, after a recent internal review.

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 22: Insurance	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	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for CareChoice Clonakilty OSV-0000230

Inspection ID: MON-0049288

Date of inspection: 04/02/2026

## 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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The non-compliance identified in the inspection report regarding the location of the CCTV screen at the nurses' station has now been addressed. The screen has been removed from the nurses' station, and arrangements are in place to relocate it to a secure and appropriate location in line with the centre's policy.</p> <p>The provider will ensure that access to CCTV monitoring is strictly restricted and managed in accordance with the centre's written CCTV policy, to ensure that residents' privacy is always respected and to maintain ongoing compliance.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/03/2026