



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

## Issued by the Chief Inspector

Name of designated centre:	Hillview Convalescence & Nursing Home
Name of provider:	Hillview Convalescence & Nursing Home Limited
Address of centre:	Tullow Road, Carlow
Type of inspection:	Unannounced
Date of inspection:	05 November 2025
Centre ID:	OSV-0000238
Fieldwork ID:	MON-0048566

## About the designated centre

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

Hillview Nursing Home is a family owned centre which opened in 2003. The registered provider is Hillview Convalescence and Nursing Home Limited. It is a purpose-built centre located on the outskirts of Carlow town, within walking distance of many amenities such as shops and churches. The centre is surrounded by spacious landscaped gardens with access to a secure garden for residents. There is ample parking available to the front and side of the centre. The centre can accommodate up to 54 residents, both male and female over the age of 18 in its 32 single and 11 twin bedrooms. Bedroom and communal spaces are divided over two floors with access to the first floor via a passenger lift and stairs. Communal space includes a dining room, day room, sun room, activity room, quiet room, reminiscence room and seating areas in the reception and landings on the first floor. Services provided include 24 hour nursing care, visiting general practitioners (GPs), pharmacy, chiropody, occupational therapy, physiotherapy, dietetics, speech and language, optician, dental and audiology. A range of social activities are offered to meet the needs of all residents over six days each week. Religious and advocacy services are also available. The centre caters for residents with varying levels of dependency for long term, convalescence and respite care.

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

Number of residents on the date of inspection:	47
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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 5 November 2025	07:50hrs to 15:10hrs	Aoife Byrne	Lead

## What residents told us and what inspectors observed

The inspector found that residents living in this centre were well cared for and well supported to live a good quality of life by a dedicated team of staff that knew them well. Residents were complimentary about staff and the care they provided.

Hillview Convalescence and Nursing Home is a two-storey purpose built premises located on the outskirts of Carlow and is registered to provide care for 54 residents. Bedroom accommodation comprises of 11 twin bedrooms and 32 single bedrooms. Residents had unrestricted access to a safe garden and patio area at the rear of the premises.

There were 47 residents living in the centre on the day of the inspection. On arrival the inspector spent time walking through the centre, which provided an opportunity for the inspector to introduce themselves to residents and staff. Some residents were observed to be enjoying their breakfast in the dining room, while others were having breakfast in their bedrooms.

The centre was bright and clean throughout. Residents said their bedrooms were cleaned on a daily basis and they were satisfied with the standard of cleanliness. The inspectors observed that the level of cleanliness throughout the centre was to a high standard. Most of the resident' bedrooms were personalised with items they had brought from home. Photographs and art work were displayed on the walls and other personal soft furnishings were in place.

There were plenty of activities scheduled and activity notice boards were visible throughout the centre. There were photographs of activities and days out that residents enjoyed throughout the year displayed along the corridors. The inspector saw in some photographs residents interacting with animals who visited the centre, such as snakes, tarantulas and owls.

Residents had access to, and were seen enjoying group activities throughout the day such as painting and reminiscing, which was interactive and inclusive. Residents described the activities as great and spoke highly of the activity co-ordinators in the centre, saying they were "fantastic". The observations on the day of the inspection were that staff had a caring rapport with residents.

Residents living in this centre were supported to enjoy a good quality of life. The inspector spoke with several residents over the course of the day, and all residents spoken with said that they were happy living in the centre. One resident said that "the food is fantastic", while another resident said they "couldn't be in a nicer place. It's the best nursing home around".

Visitors expressed high levels of satisfaction with the quality of the care provided to their relatives and friends and stated that their interactions with management and

staff were positive. One family member said “the carers are next to none, and the activities co-ordinator goes above and beyond”.

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

## Capacity and capability

This was a one-day, unannounced inspection. The purpose of the inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), following an application by the registered provider to renew the registration of the centre. The information supplied with the application was verified during the course of the inspection. The centre has a history of good regulatory compliance. The actions the registered provider committed to taking in the compliance plan following the previous inspection in November 2024 was reviewed by the inspector on this inspection. While some actions had been taken, further action was required in respect to records, premises, fire precautions and care plans.

Hillview Convalescence and Nursing Home is operated by Hillview Convalescence and Nursing Home Ltd who is the registered provider of this designated centre. The governance structure consists of two company directors and a person in charge. There was also a full-time assistant director of nursing (ADON) and a clinical nurse manager (CNM) to ensure strong governance of the centre over seven days a week. One of the directors, the person in charge and the CNM were present during the inspection and all demonstrated a good understanding of their roles and responsibilities. They were very responsive to any updates required on the day of inspection and showed a commitment to addressing areas for improvement.

On the day of the inspection, the inspector found there were sufficient staffing resources available to meet residents’ individual needs. There were no staff vacancies. The inspector reviewed minutes of meetings such as clinical governance meetings, staff meetings and residents meeting. It was clear these meetings ensured effective communication across the service. The quality and safety of care was being monitored through a schedule of monthly audits including audits on maintenance, care plans and falls.

A comprehensive annual review of the quality and safety of care provided to residents in 2024 had been completed by the person in charge, with targeted action plans for quality improvements for 2025.

Records were maintained in the centre in a secure but easily accessible format. The inspector saw evidence of induction for one new staff member who was recruited within the previous 12 months. However, gaps were found in the maintenance of

staff files, with some documents required under Schedule 2 missing. This is discussed further under Regulation 21: Records.

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

The registered provider had submitted a complete application for the renewal of the registration within the required time frame.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge worked full-time in the centre and had the required knowledge and experience to fulfil the regulatory requirements of the role.

Judgment: Compliant

#### Regulation 21: Records

A sample of four staff files were reviewed by the inspector. These did not fully meet the requirements of Schedule 2 of the regulations as follows:

- Two files did not contain a full employment history, together with any gaps in employment.
- One file did not have vetting disclosures in place prior to commencing employment

Judgment: Substantially compliant

#### Regulation 23: Governance and management

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

- The oversight of record management required improvement. For example, a sample of four staff records set out under Schedule 2 of the regulations were reviewed, and one staff member did not have a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 prior to the commencement of their employment.

The oversight of fire precautions required review. For example:

- While the person in charge carried out monthly inspections of fire fighting equipment, the recorded reviews did not identify any fault of the fire doors, and this was not consistent with the inspector's findings at the time of this inspection.
- In addition, although there were personal emergency evacuation plans (PEEP) for all residents, they were not easily accessible for four residents in their bedrooms and 14 were not reviewed within the last year to reflect any changes that may have occurred in the residents condition.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose prepared for the designated centre and this was made available for review. It was found to contain all relevant information as set out in Schedule 1 of the regulations and accurately described the facilities and the services provided.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that residents living in Hillview Convalescence and Nursing Home were experiencing a good quality of life. Residents' health, social care, and spiritual needs were met to a good standard. Action was required by the provider in relation to fire safety, the premises and care plans.

The centre were suitably decorated and laid out to meet the needs of the residents, however there was insufficient storage available in the centre to ensure that residents' care supplies were stored appropriately. For example, the inspector observed hoists being stored in the communal dining room on the ground floor instead of the designated area. This is further discussed under Regulation 17: Premises.

Residents' records were maintained on an electronic system. There was evidence that a comprehensive assessment was carried out for residents before, or on their admission to the centre, and that a care plan was developed for residents within 48 hours of admission. However, the inspector found that while infection prevention care plans were in place for some residents, they were not up to date with the correct advice. This is a repeat finding from the previous inspection and findings are discussed further under Regulation 5: Individual assessment and care planning.

There were measures in place to ensure residents were protected from risk of fire. For example, there was a fire safety management policy, fire safety equipment was provided and residents each had personal emergency evacuation plans (PEEP). Staff spoken with during the inspection were knowledgeable on the centre's fire evacuation policies and procedures and had been involved in simulated fire drill evacuations. The provider informed the inspector that they had scheduled a fire safety risk assessment to be completed on the 26 November 2025. Furthermore, inspectors found that not all measures ensured that in the event of a fire, smoke and fire would be contained. This and further gaps in compliance are discussed under Regulation 28: Fire precautions.

## Regulation 17: Premises

Improvements were required from the registered provider, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

There was insufficient storage space in the centre and as a result some communal areas were used to store equipment. For example:

- Three hoists were stored in the dining rooms rather than their designated area.
- Linen trolleys were stored in assisted bathrooms.
- A comfort chair was stored in the smoking room.

Judgment: Substantially compliant

## Regulation 27: Infection control

Following up on the compliance plan from the last inspection in November 2024, all infection prevention and control actions had been taken to address the concerns identified at the time.

Judgment: Compliant

### Regulation 28: Fire precautions

Although the provider had put measures in place to protect residents from risk of fire, further actions were necessary to ensure residents' safety and compliance with Regulation 28: Fire precautions.

The registered provider had not ensured adequate means of escape. For example:

- One stairwell in the centre was found to have items stored within the stairwell. This posed a risk of obstruction in the event of a fire.
- Three fire exits were observed to be obstructed with furniture such as tables, chairs and hoists. These obstructions would significantly impact on evacuation in the event of a fire.

While there were arrangements in place for the staff to receive training on the evacuation procedures, and regular drills were occurring in the centre. The documented fire drills did not detail where the ski sheets and mattresses were evacuated to. Therefore, it was not clear if in the event of a real fire, the adjacent compartments could manage the increased number of ski sheets and mattresses in the space available due to the narrow corridors.

Fire containment measures were inadequate. For example:

- There were a number of fire doors that had excessive gaps. This created a pathway for the potential spread of fire and smoke to the escape route.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was person-centred and met the assessed needs of residents. However, further action was required to be fully compliant. For example:

- The inspector reviewed a sample of four infection prevention and control care plans and these were generic and required review. The care plans described the use of personal protective equipment (PPE), however this recommendation was not required at present for these particular residents. Therefore, residents' care plans required further improvement to ensure that

they contained accurate and up to date information to guide staff in providing good quality care tailored to residents' individual needs and preferences.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant

# Compliance Plan for Hillview Convalescence & Nursing Home OSV-0000238

Inspection ID: MON-0048566

Date of inspection: 05/11/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The two files that did not contain a full employment history and gaps in employment were reviewed with the employee and updated so that no gaps were present and a full employment history was detailed on the CV.</p> <p>Going forward the management team will ensure that when gaps are identified in employment history they will be questioned and recorded.</p> <p>Going forward the management team will ensure that all garda vetting disclosures are carried out and recieved before an employee commences employment.</p> <p>Issues identified were communicated to staff and action plan put in place and all issues will be discussed at next management meeting.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Garda vetting has been submitted since inspection. Going forward all existing staff will be re-vetted every three years in accordance with National Vetting Bureau Act.</p> <p>Monthly inspections of fire fighting equipment will continue and will pay particular attention to any fire door faults , gaps in doors have been identified and recorded and are in the process of being rectified by maintenance department.</p> <p>PEEPs that were not easily accessible in 4 rooms have been rectified. Going forward</p>	

<p>PEEPs will be reviewed yearly by management to identify and reflect any changes that may have occurred in the residents condition. Issues identified were communicated to staff and an action plan put in place. Issues will be discussed at next nursing and management meeting.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A storage facility is currently being prepared at the rear of the building to facilitate extra storage. Hoists are only to be charged in designated charging areas. Linen trolleys to be stored in designated area at rear of building when not in use.</p> <p>The comfort chair was removed from smoking room and OT department contacted to collect.</p> <p>Issues identified were communicated to staff and action plan put in place. All issues will be discussed at all next staff meetings.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Items were removed from stairwell and fire exits free from obstructions. Daily fire safety checks will incorporate the issues highlighted to ensure they don't happen again.</p> <p>Fire drill documentation has been updated to detail where the ski sheets / mattresses are evacuated to.</p> <p>Gaps in doors identified and are currently being rectified by maintenance department.</p> <p>The fire engineer visit onsite was cancelled by the engineer, date rescheduled at present.</p> <p>Issues identified were communicated to staff and action plan put in place. All issues will be discussed at all next staff meetings.</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>The IPC care plan was rectified with immediate effect. The care plan template was reviewed and amended to prevent further misinformation.</p>	

Nursing staff made aware that that residents care plans required further improvement to ensure that they contained accurate and up to date information to guide staff in providing good quality care tailored to residents' individual needs and preferences.

Issues identified were communicated to staff and action plan put in place. Issues will be discussed at next nursing and management meeting.

## 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	31/01/2026
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/01/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Substantially Compliant	Yellow	24/12/2025

	effectively monitored.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	22/12/2025
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	31/01/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable,	Substantially Compliant	Yellow	22/12/2025

	residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2026
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	22/12/2025