



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

Issued by the Chief Inspector

Name of designated centre:	Rochestown Nursing Home
Name of provider:	Brenda O'Brien
Address of centre:	Monastery Road, Rochestown, Cork
Type of inspection:	Unannounced
Date of inspection:	07 January 2026
Centre ID:	OSV-0000275
Fieldwork ID:	MON-0048689

About the designated centre

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

Rochestown Nursing Home is a residential centre registered to provide care to 23 dependent people over the age of 18. The premises is a single-storey detached building. The communal areas include a dining room, two lounges, and an enclosed external patio area. There are three single bedrooms, seven twin bedrooms and two three-bedded rooms. Two shared rooms have en-suite facilities. There is one assisted bathroom and three assisted showers. The centre is situated approximately three kilometres from Rochestown, Co. Cork in a rural setting, providing views of the surrounding countryside. It provides long-term, short-term, convalescent and respite care. Residents with various levels of needs and dependencies are admitted to the centre including residents with dementia and acquired brain injuries. The centre provides 24-hour nursing care with nursing and care staff on duty at all times. Residents' healthcare needs are met through good access to medical and allied health professionals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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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 7 January 2026	09:20hrs to 16:50hrs	Louise O'Hare	Lead

What residents told us and what inspectors observed

Overall the inspector found that there was a good standard of care delivered to residents living in the centre. The inspector met with the majority of residents, and spoke to ten in more detail, about their lived experience. All residents spoke positively of the care they received in the centre. One resident told the inspector that "everything is very good here", while residents spoke highly of the staff describing them as "kind" and "great to help".

On arrival, the inspector was greeted by the person in charge and the registered provider, before accompanying the person in charge on an initial walk around of the centre. Some residents were seen to be enjoying breakfast in the dining room, others were having a cup of tea and relaxing in the sitting room, and some residents were in their rooms resting or receiving personal care. The centre was visibly clean and warm.

Rochestown Nursing Home is a single-storey premises located in a quiet suburb of Cork city. There is a well maintained mature garden to the front of the building. The centre offers accommodation to 23 residents, and was fully occupied on the day of inspection. Bedroom accommodation is comprised of a mix of single, twin and three bed rooms. Residents' bedrooms were decorated with pictures and other personal items. Call bells and televisions were observed in all bedrooms. The inspector observed that new flooring had been installed in a number of areas and bedrooms had been painted. Two bathrooms had also recently been redecorated with new tiling, fixtures and fittings. One bathroom had not yet had a towel dispenser installed, and this was highlighted to the person in charge.

Residents had access to a number of communal areas including a dining room, two sittings rooms, a quiet room and a secure external courtyard. Communal areas were nicely decorated, and had a homely atmosphere. A colourful orientation board in the dining room displayed information including the date and pictures of that day's weather for residents. There was a "Taste of Ireland" display with pictures and recipes of Irish dishes. The external courtyard was accessed from the dining room. It was well-kept and inviting, with a large mural of a seascape on one wall. There was a covered area with plenty of seating for residents who wished to sit outside. A storage area was located in the far corner, and the inspector was told that a new replacement storage shed was to be installed there the following week.

The large sitting room was bright and comfortable. On the day of inspection activities were observed to take place in this room and the majority of residents were seen to spend part of their day here. The quiet room was located off the sitting room and was used when residents wanted a quiet space, or privacy with visitors. The inspector was told that new seating had been ordered for this room and was due to be delivered that week. A second sitting room was ramp accessed

with a handrail for residents, it was well decorated with pictures, flowers and had shelving for books.

Some residents were observed throughout the day moving freely around the centre. Residents told the inspector that staff were quick to assist them when they needed them and one resident stated "that's why I don't feel afraid". From observation it was evident that residents were familiar with staff, and that staff knew residents and their preferences. The inspector saw that interactions between staff and residents were kind and respectful. Staff were observed to knock before entering residents' rooms.

Resident's spoke highly of the food available in the centre describing it as "brilliant", "lovely" and "perfect". The dining experience was observed to be relaxed and sociable with soft music playing in the background. The menu of the day was displayed on the wall of the dining room and the food served at lunch appeared to be nutritious and appetising. There was a varied activities schedule for the week displayed on a large notice board, which used pictures to support residents with cognitive issues to read it. The inspector observed residents enjoying activities at times during the day, including a lively parachute game. Staff were allocated to activities seven days a week with an activities coordinator in attendance once a week. The staff member assigned to activities on the day of inspection clearly knew each residents preferences, and engaged well with them to support their participation.

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 on the quality and safety of the service being delivered.

Capacity and capability

This was a one day unannounced inspection, carried out by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, as amended. The inspector also followed up on information received since the previous inspection. This inspection found that this was a good centre with sufficient resources to ensure the effective delivery of care to residents; however, further action was required to strengthen governance as detailed under the relevant regulation.

Rochestown Nursing Home was established in 1994. The registered provider is the owner of the centre. Care was directed by the person in charge who had worked in the centre for several years and had the experience and qualifications required for the role. They had a good knowledge of the residents and of their roles and responsibilities under the regulations. They were supported in their role by a team of registered nurses, healthcare assistants, catering, housekeeping and maintenance

staff. There were clear lines of authority and accountability in the centre. The centre had a programme of monthly audits on topics including falls, call bells and staff files, and the inspector saw that the outcomes of audits were analysed, and outcomes and learning were documented. Key performance indicators were recorded on topics including wound care and weight loss. Quality improvement meetings took place every 1-2 months, and the inspector saw minutes of meetings which indicated that issues, including those identified in audits, were discussed and actioned. However, action was required to ensure effective oversight as detailed in Regulation 23: Governance and management.

On the day of inspection the inspector observed that there was a sufficient number and skill-mix of staff to meet the assessed needs of residents. Residents told the inspector that staff were always available to help them and the inspector observed that interactions between staff and residents were kind and unhurried. The inspector saw a sample of staff rosters which reflected the staff numbers on the day of inspection. A registered nurse was rostered on duty at all times. Staff were up to date in mandatory training including fire training, safeguarding and managing challenging behaviour. Staff were also facilitated to participate in additional training to support them in providing care on topics including the fundamentals of advocacy, communication and applying a human rights-based approach to care. Staff were able to raise issues, and this was seen in minutes of staff meetings.

Incident records and complaints were maintained on an appropriate software system. The inspector reviewed a sample of incident reports and saw that records were well maintained, and that incidents which required notification to the office of the Chief Inspector had been submitted in a timely manner. Complaints records were also seen to be maintained appropriately and in line with the centre's policy. The centre's policy was up to date and contained the information specified in the regulation. The complaints procedure was prominently displayed in the centre.

Regulation 14: Persons in charge

The person in charge was working fulltime in the centre. They had the required experience and qualifications to meet the regulatory requirements.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection there was a sufficient number and skill-mix of staff on duty with regard to the needs of the residents and the size and layout of the centre. There was a registered nurse rostered on duty at all times as required by the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Records seen by the inspector indicated that staff were up-to-date with mandatory training, and facilitated to participate in additional training to enable them to provide care to residents.

Judgment: Compliant

Regulation 23: Governance and management

While there was a clearly defined management structure in place, action was required to ensure that the service provided was safe, appropriate, consistent and effectively monitored:

- Oversight systems in place did not identify gaps in care planning documentation as detailed under the relevant regulation.
- Systems in place did not identify that mealtimes for some residents were very early as detailed under Regulation 18.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of incidents was maintained in the centre. Notifiable incidents had been submitted to the Chief Inspector within the time frames required by the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy was up to date and met the requirements of the regulations. Copies of the complaints procedure were displayed in prominent positions in the centre. A review of the recorded complaints showed that they were managed in line with the centre's policy.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents received a good standard of care from a team of staff who knew them well. Residents were supported to access health and social care services, and community services. However, action was required in relation to visits, care planning and the dining experience as detailed under the relevant regulations.

The centre used care planning software to maintain their records. Care plans were made available to the inspector for all residents in the centre, as required by the regulations. A sample of care plans were reviewed and were found to be reviewed and updated every four months. A range of validated assessment tools were used to assess and monitor risks to residents, including the risk of falls and pressure ulcers. Some care plans were seen to be person-centred and sufficiently detailed to direct care. However, some gaps in documentation were identified and action was required as detailed in Regulation 5: Individual assessment and care plan.

The inspector saw that residents had good access to general practitioner (GP) services from local practices. The person in charge supported residents to access health and social care professionals including speech and language therapy and occupational therapy, and the inspector saw that referrals were appropriately made. Residents were also facilitated to access community based specialist services such as Headway and the Integrated Care Programme for Older Persons (ICPOP).

Residents spoke highly of the quality and choice of food offered at mealtimes. Food appeared nutritious and appetising, and was served in sufficient quantities. Residents' dietary requirements were clearly documented and communicated to kitchen staff. Residents weights were monitored and all residents had a nutritional risk assessment completed. The inspector observed the dining experience and saw that it was a sociable and relaxed experience. There were enough staff present to assist residents appropriately. Lunch was served over three sittings to facilitate residents with the first two sittings overlapping. However, the inspector noted that the first sittings were quite early as detailed in Regulation 18: Food & nutrition.

There was a low use of restrictive practice in the centre. The person in charge had ensured that risk assessments had been completed for all incidences of restrictive practice. The inspector saw that these had been completed in consultation with the residents. One resident had a swipe access to allow him to come and go freely from the centre. Staff were up to date with safeguarding training and residents told the inspector they felt safe living in the centre.

The registered provider had provided facilities for resident's occupation and recreation. A range of group and one-to-one activities were available including

bingo, bowling, chair exercises and board games. Residents had access to media including newspapers and television. Access to independent advocacy services was supported and information about them was displayed in the centre. Residents' meetings took place regularly and were chaired by a resident. The inspector saw that issues raised at the meeting, including changes to menus, were communicated to, and actioned by, the person in charge.

Regulation 11: Visits

The centre had a written visitors policy in place, however, it required updating as it did not include all the processes for visitor access outlined in the regulation.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Action was required to ensure that meals were provided at reasonable times as the first lunch sittings were served at 11:45 and 12:00, which meant residents would have had quite a short time between breakfast and lunch, and not in line with normal dining times.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While care plans were updated in a timely manner, some actions was required to ensure that they contained sufficient information to direct care:

- A resident who required a diabetic diet did not have this detailed in their care plan.
- Conflicting information with regards to modified textures was present in one care plan, which could impact the resident's dietary intake and lead to errors in care delivery.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to GP services, as well as health and social care professionals. Residents were supported to access community services such as the Integrated Care Programme for Older People (ICPOP).

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre promoted a restraint-free environment and on the day of inspection there were no bedrails in use in the centre. Where restrictive practice was in place risk assessments had been completed in consultation with the resident.

Judgment: Compliant

Regulation 8: Protection

Staff were up to date with safeguarding training, and aware of their responsibilities to report safeguarding issues. Residents told the inspector that they felt safe living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to independent advocacy services. There was a range of activities available over seven days a week. Residents meetings took place regularly and were chaired by a resident. The inspector saw that issues raised by the residents through the meeting were actioned.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rochestown Nursing Home OSV-0000275

Inspection ID: MON-0048689

Date of inspection: 07/01/2026

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All care plans were reviewed to ensure compliance under Regulation 5. The PIC/ CNM will continue their monitoring with monthly feedback to the registered provider. Completed 08-01-26</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>The registered provider shall ensure that the designated centre has a written visitors policy to include access during an outbreak of a communicable disease, and epidemic or a pandemic. The visitor's policy has been updated. Completed 08-01-26</p>	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>The person in charge shall provide meals, refreshments and snacks at all reasonable times, this was discussed with the residents that require assistance during the 1st lunch sitting and the timing was changed. Completed 08-01-26</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>Care plans that required updating regarding dietary instructions or modified diets have been updated and kitchen have been informed. A monitoring system has been introduced by the PIC/CNM to ensure delays do not occur. Completed 07-01-26</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 11(1)(ii)	The registered provider shall ensure that the designated centre has a written policy, to include the process for access during an outbreak of a communicable disease, and epidemic or a pandemic.	Substantially Compliant	Yellow	08/01/2026
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	08/01/2026
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 effectively monitored.	Substantially Compliant	Yellow	08/01/2026

Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	07/01/2026
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