



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

Issued by the Chief Inspector

Name of designated centre:	Youghal and District Nursing Home
Name of provider:	Gortroe Nursing Home Limited
Address of centre:	Gortroe, Youghal, Cork
Type of inspection:	Unannounced
Date of inspection:	25 November 2025
Centre ID:	OSV-0000307
Fieldwork ID:	MON-0040155

About the designated centre

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

Youghal and District Nursing Home is a purpose built 54 bedded residential nursing home. All bedrooms are single bedrooms with en-suites. There is 24 hour nursing care available, the centre can provide care for low, medium, high and maximum dependency residents. The centre can accommodate both female and male residents over the age of 18 years, who have the following care needs: general care, respite care, elderly care, palliative care and convalescent care. To enhance the care provided and enable residents to fulfil your personal, social and psychological needs the following services and activities are available within Youghal & District Nursing Home: hairdresser, arts and crafts, live music & song, exercise, etc. Complementary therapy services are also provided: reflexology, homeopathy and acupuncture. Mass is held weekly on Friday. There is a resident's council operated on a 2 monthly basis or more frequently if deemed necessary.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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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
Tuesday 25 November 2025	08:30hrs to 17:05hrs	Erica Mulvihill	Lead

What residents told us and what inspectors observed

The overall feedback from residents living in Youghal and District Nursing home was positive. Residents who spoke with the inspector about their experience of living in the centre said they felt very safe and content and described staff as very kind, caring and respectful. During the day, the inspector spoke with many of the residents, but spoke in more detail to twelve. One resident spoken with, reflected on life before living in the centre and stated since coming to the centre, "the worry is gone off me now, im so well cared for". Another resident commented on the staff and said "the staff are fun, they make you feel like a friend, it would brighten your day". Residents in general commented on how well they know the providers and management team and expressed their satisfaction at their presence in the centre on a daily basis. The inspector also spoke to three visitors who were in the centre on the day of the inspection and one commented on the great care and stated that they had been given a fob for the front door to enable them to have unrestricted visits to their loved one.

On arrival to the centre, the inspector was greeted warmly by staff and the person in charge. Whilst on a tour of the centre, the inspector met with the providers and the clinical nurse manager. The inspector greeted, spoke with, and observed residents and staff practices in communal areas and in their bedrooms. Some residents were receiving assistance with personal care, while other residents were up and ready for the days activities. Staff were observed respectfully knocking on residents rooms prior to entering and offering assistance throughout the day. Following this walk around, the inspector had a short introductory meeting with the person in charge and clinical nurse manager (CNM).

Youghal and District Nursing Home is a two storey centre, located near the town of Youghal in East Cork. There were 54 residents living in the centre on the day of the inspection. The layout, design and location of the centre was suitable for its stated purpose and met residents individual and collective needs. Residents' accommodation comprised of 42 bedrooms with en suite toilet and shower facilities, and 12 rooms with en suite toilet facilities. Bedrooms on both floors were clean and tidy with adequate space for storage of personal possessions. Pressure relieving mattresses were observed in some rooms with other resident bedrooms provided with restrictive practice alternatives such as falls injury prevention mats and low beds.

There was a variety of communal spaces available to residents. Communal areas were used for receiving visitors, and activity sessions throughout the day. In the morning, some residents were seen reading the newspapers in small seating areas near reception enjoying the sunshine. Other residents were seen to come and go at leisure to the dining rooms for breakfast at a time of their choosing.

On the day of the inspection, as the main door of the centre opened, a very tasteful and inviting Christmas theme of decorations and trees adorned the centre. The registered provider was in the process of setting up a Christmas themed model railway village which lit up and had moving parts; it became a highlighted talking point for a number of residents on the day. Flooring was being upgraded on the main ground floor corridors of the centre during the day of the inspection also. The main day room had a large decorated christmas tree beside a fire place which had a television inset depicting a crackling fire, with comfortable armchairs and couches for residents to rest and enjoy. This room was at the heart of the centres social engagement with many residents seen coming and going throughout the day.

Refreshments were offered to residents in the mid morning and a daily snack round took place in the centre every evening to ensure residents were well hydrated and had access to food and beverages outside of mealtimes. The inspector observed the lunch time meal which appeared to be a very social experience for those who attended the centres two dining areas. Many residents particularly at mealtimes were observed to enjoy friendships with peers. However, upstairs in a seating area, some residents were observed to have their meals assisted by staff on bed tables in this area with over sized tablecloths which were not conducive to an adequate dining experience. This will be discussed further in the report.

A vibrant activities coordinator was on hand to ensure that residents had lots of activities sessions throughout the day. The program catered to large groups in the main sitting room, to one to one sessions in resident bedrooms and also smaller settings in one of the communal sitting rooms. The residents were invited to engage in exercise programmes, watch the morning mass on television, play indoor boules and take part in Christmas art sessions in the afternoon of the inspection. Outings are also organised routinely for residents and a school choir was due to come to the centre to sing for the residents in the coming weeks.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered to residents.

Capacity and capability

This was an unannounced inspection, carried out over one day by one inspector of social services, to monitor the providers compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Overall, the inspector found that the provider had effective management systems in place to ensure residents were provided with a good quality of care in a homely environment.

The centre is owned and managed by Gortroe Nursing Home Limited, who is the registered provider. There were two company directors, who were actively involved

in the day to day running of the centre. There was a clearly defined management structure in place. The person in charge worked full-time in the centre and was supported by two clinical nurse managers and a team of nurses, health care assistants, domestic, activity, catering, administration and maintenance staff. The senior management team met regularly to ensure oversight of services in the centre. Staff who spoke with the inspector were knowledgeable of their roles and confirmed that the management team were very supportive to them and that the centre was a good place to work.

From a review of staffing rosters it was evident that the centre was well resourced. The training schedule indicated that staff received all mandatory training, and other training as per the centres staff training and development policy, appropriate to their roles. Training was received both in person and online as required.

The information for the annual review of the quality and safety of care for 2024 had been collated and was available for review. Evidence of monitoring of key performance indicators in relation to residents losing weight, restrictive practice and complaints management were reviewed and discussed at management and staff meetings. There was also evidence of family and resident involvement.

The registered provider had a number of written policies and procedures available to staff to guide care provision as required under Schedule 5 of the regulations and were available to staff to review.

The records required to be maintained in the centre under Schedule 2, 3 and 4 of the regulations, were made available to the inspector and they were seen to be securely filed and stored. A sample of personnel files were reviewed and were maintained in line with the requirements of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, were in place for all staff working in the centre.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew registration for the centre was submitted and all accompanying information in regard to matters set out in Part B of schedule 2 of the regulations were received.

Judgment: Compliant

Regulation 15: Staffing

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 for the size and layout of the centre having regard to the needs of the 54 residents living there.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff had completed training in areas such as fire safety, safeguarding vulnerable adults from abuse, responsive behaviour training and infection prevention and control.

Judgment: Compliant

Regulation 21: Records

The records required to be maintained in each centre under Schedule 2, 3 and 4 of the regulations were available for review by the inspector.

The current roster was seen to reflect the staff numbers working in the centre.

Staff files were well maintained and contained the regulatory documents required.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that an up to date contract of insurance against injury to residents, and loss or damage to residents property was in place.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a defined governance and management structure in place, with clear lines of authority and accountability. The inspector found that the centre was sufficiently resourced to ensure effective care delivery in line with the centres statement of purpose. The provider had management systems in place to

ensure the quality of the service was monitored. An annual review for 2024 was completed and was available for review by the Inspector.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed and it contained accurate information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all required notifications set out in 4 of the regulations were submitted to the office of the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures in accordance with Schedule 5 of the regulations were in place. A system of review was in place which ensured all policies were up to date and were available to staff to guide care practices.

Judgment: Compliant

Quality and safety

Overall the residents in Youghal and District Nursing home were found to be supported to have a good quality of life. There was timely access to health care services and appropriate social engagement, with respect and kindness demonstrated by staff. In general, findings of this inspection demonstrated good compliance with the regulations inspected. Nevertheless, aspects of individual care

planning required some action under Regulation 5: Individual assessment and care planning.

The inspector was assured that residents health care needs were met as they had regular access to the general practitioner (GP) who were described as attentive to residents medical needs. Systems were in place to access specialist services also, as described under Regulation 6.

The registered provider had invested in flooring upgrades and upgrading the centre in areas that required same. They had also invested in the placement of clinical hand wash sinks to promote good hand hygiene practices with staff in the centre and reduce the risk of cross contamination. The provider had also actioned many of the compliance findings from the last inspection which will be discussed under Regulation 27: Infection Prevention and Control.

The centre provided a seven day laundry service including personal laundry for residents. Residents spoken with were happy with the level of service provided. Each resident bedroom had adequate space and storage for personal belongings and areas to display photos and personal items to ensure that their rooms were appropriately decorated.

Residents nutrition and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious diet. Meals were nicely presented and residents spoke positively about the quality, taste and quantity of the food available to them. Validated assessment tools were in use in relation to the nutritional status of residents and evidence of referral where required was also available for review.

The inspector found that residents were free to exercise choice, on how they spent their day. Residents were involved in the running of the centre. Evidence of resident meetings which were held every two months in the centre showed ongoing involvement and discussion around current activities and services provided to residents. A robust activities programme provided residents with access to good social engagement sessions and the provision of one to one sessions to residents who required it.

A safeguarding policy and a robust training structure ensured that all staff working in the centre were provided with guidance in relation to recognising and responding to any suspicion, or allegation of abuse, as described under Regulation 8.

The centre has an electronic resident care record system. A number of validated assessment tools were used to assess residents' care needs. Care plans were detailed and person centred, however, updated assessments were not always updated to the care plan which would not ensure that staff had up to date information to direct care. Some care plans were not updated within four months or as per the changing needs of residents as per regulatory requirements. This is actioned under Regulation 5: Individual assessment and care plan.

Regulation 12: Personal possessions

Residents had access to adequate storage including a double wardrobe, chest of drawers, bedside locker to store and display their personal possessions. An in house laundry service is available to launder residents personal items and return them for resident use thereafter.

Judgment: Compliant

Regulation 17: Premises

The provider had committed to ongoing upgrades in the centre to conform with the matters set out in schedule 6 of the regulations. Such as:

- new flooring was being placed in the ground floor corridors of the centre and was part of a flooring upgrade to areas that required it throughout the centre.
- New clinical handwash basins for staff use had been placed on corridor areas on the first floor with a plan for two more sinks to be placed on the ground floor.

Judgment: Compliant

Regulation 18: Food and nutrition

Action was required by the registered provider in relation to the dining experience and the manner in which food was served for some residents in the centre. As evidenced by:

- Five residents, who were identified as high dependency, were observed to have their meal served to them on an upstairs corridor area which was not a designated dining area. While three residents, had access to a dining table, the other residents were seated in their wheelchairs with a bed table in front of them which was not conducive to a social dining experience.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had devised a residents guide for all new and existing residents which outlined the services provided at the centre, advocacy arrangements and general information to assist the resident to become familiar with the centre.

Judgment: Compliant

Regulation 27: Infection control

A staff member had assumed the role of Infection prevention and control link practitioner and was available to staff for information or training in this area. Education including hand hygiene practices were consistently reviewed and training sessions were provided to staff. Improvements to infection prevention and control were observed since the last inspection such as:

- two new clinical handwash sinks were placed on the upper floor with a plan for two more clinical hand wash sinks to be placed on the ground floor to provide hand wash facilities to staff to improve effective staff hand hygiene practices.
- safety engineered needles and butterfly venepuncture needles with safety engineered caps were available to staff to reduce the risk of needle stick injuries in the centre.
- All soap dispensers in areas around the centre were filled with single use cartridges and all practices of refilling soap dispensers had been discontinued.
- A dedicated specimen fridge was in use in the clinical store room for microbiology samples awaiting collection.
- Legionella controls were in place and water samples were tested to assess the effectiveness of local legionella control measures. The testing had been improved and now samples were taken from different zones in the centre to ensure a representative sample.
- The centres store of wound dressings was reviewed and all were noted to be single use, no evidence of partially used dressings were observed. The person in charge had addressed this practice with staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Action was required to ensure residents' assessments and care planning documentation was maintained in accordance with regulatory requirements:

- Some care plans reviewed were not reflective of updated validated assessment tools to ensure that information about the changing needs of residents was available to staff to fully support and direct care.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to medical and healthcare based on their needs. Residents who required specialist medical treatment or other healthcare services such as tissue viability nursing, occupational therapy, dietetics, speech and language therapy could access these services upon referral. Physiotherapy was available to residents in the centre every Friday. Evidence of up to date wound care assessment and management was observed through the care planning processes in the centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had up to date knowledge and skills, appropriate to their role, to manage and respond to residents displaying responsive behaviours. There was good oversight and management of restrictive practices with good evidence of discussion and review around reductive measures if necessary.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Safeguarding training for all staff was up to date and was delivered in an online and in person training format. Staff spoken with were knowledgeable about their role in protecting residents from abuse. Residents reported feeling safe living in the centre. Incidents of allegations of abuse had been thoroughly investigated in line with national policy. The registered provider was a pension agent for a number of residents. The inspector found that there were robust systems in place for the management and protection of residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

A meaningful activities programme was available to all residents throughout the centre for residents to choose what activities they wished to attend during the day. A very enthusiastic activities coordinator was on staff to ensure that delivery of one to one sessions and small group sessions were also available to those residents who may not like large sittings. Mass was held in the centre once a month and residents otherwise had access to daily mass on the TV in the large sitting room. Residents meetings were held regularly which provided residents with information about the day to day updates in the centre. Residents were seen in different communal spaces enjoying the sunshine, talking to visitors and reading the daily paper which was provided for them throughout the day.

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	
Registration Regulation 4: Application for registration or renewal of registration	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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for 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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Youghal and District Nursing Home OSV-0000307

Inspection ID: MON-0040155

Date of inspection: 25/11/2025

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 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>This dining area now is clearly designated as a dining space. It is cordoned off from the corridor and aesthetically now looks and functions as a little café area. One of the tables in this dining area height has been adjusted so residents in high dependency chairs can sit at a dining table. Feedback from residents and family members has been positive.</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>Each of our residents care plans will be fully audited. This process will ensure care plans are reflective of the care given.</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 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	19/01/2026
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	31/03/2026