



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

Issued by the Chief Inspector

Name of designated centre:	Lake House Nursing Home
Name of provider:	Sheephaven Properties Limited
Address of centre:	Portnablagh, Dunfanghy, Donegal
Type of inspection:	Unannounced
Date of inspection:	21 October 2025
Centre ID:	OSV-0000353
Fieldwork ID:	MON-0045691

About the designated centre

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

The designated centre provides care and support to meet the needs of 47 male and female older persons who require long-term and short-term care. Residents assessed as having dementia can be accommodated. The philosophy of care is to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes their health and well-being. This includes providing a person-centred service, taking into account the wishes and suggestions of the residents and providing a living environment that takes account of residents' previous lifestyles. The centre is a two-storey building located in a coastal area. Resident bedroom accommodation is located on both floors and consists of single, twin and one triple room. The ground floor contains a number of communal spaces, dining areas, and household facilities, including a kitchen, sluice room, clinical room and offices. There are suitable sanitary facilities on each floor. The laundry is located nearby in a separate building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
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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 21 October 2025	09:40hrs to 17:40hrs	Nikhil Suresh Kumar	Lead

What residents told us and what inspectors observed

The inspector spoke with several residents during the inspection, and the feedback was positive regarding the care and service provided to them in the centre.

This centre is located in Dunfanaghy, which is close to Portnablagh beach. The centre is in a two-storey building with five wings, namely Glenveagh, Rooskey, Sessiagh, Gartan and Glen wing.

The provider had submitted an application to renew registration of this centre, and the application was in progress at the time of this inspection. Upon arrival, the inspector met with the person in charge, and after a brief introductory meeting, the inspector went for a walk around the centre.

At the entrance of the building, the inspector observed that residents were spending time in a sun lounge. The sun lounge had large expanses of glass designed to maximise natural light and outdoor views. Corridors from the sun lounge led to office rooms, communal areas and residents' accommodation.

The inspector observed staff members actively supporting residents in meeting their needs as they prepared for their day. The inspector noted that staff were responding to requests for assistance in a timely manner, ensuring that each resident received the support they required. Staff engaged with residents in a cheerful and supportive manner, creating a warm and inviting atmosphere.

The residents were provided accommodations in a combination of single and twin-occupancy rooms, and the inspector reviewed a sample of these rooms. While the single-occupancy rooms were designed effectively, the layout of the twin-bedded rooms did not adequately meet the needs of the residents, and these findings were also noted in previous inspections. Nevertheless, the provider has secured planning approval to extend several of the twin-bedded rooms, and plans were in place to construct a 24-bed extension for this designated centre. This was a notable improvement since the last inspection.

A schedule of activities was made available to residents, and they were observed engaging in various activities throughout the day, which included gentle exercises and games. The residents and staff who spoke with the inspectors informed that the residents were also encouraged to engage meaningfully and supported to strengthen ties with the broader community through various programmes, such as organised prayer groups, visits by local school children and Irish dancing sessions, as well as trips to local attractions, including hotels, Dunfanaghy beach, and national parks.

Residents were provided with regular refreshments and had access to a daily menu, from which they could choose their meals. Residents who spoke with the inspector

said that they were always offered a choice. Meals served to residents were well-presented and appetising, and there was sufficient staff available in the dining areas to assist residents during meal times.

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 impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a well-managed centre and the provider was found to be committed to providing a good standard of care for residents. The provider had engaged proactively, and clear plans were now in place to improve the layout of a number of shared bedrooms. However, the provider's oversight of the safeguarding process and the residents' contracts were not adequate, and this is discussed in the later sections of the report.

This was an unannounced monitoring inspection to review the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The provider is Sheephaven Properties Limited.

The person in charge was supported in their role by a director of the company, and by a team of staff. There was a clear management structure in place and staff who spoke with the inspectors were clear about the reporting arrangements.

The provider had various quality assurance systems in place, which included care plan audits, residents' satisfaction surveys and meetings. Governance, management, and staff meetings were held regularly in the centre. There was a system in place where staff could raise their concern about the quality and safety of the service provided to residents. Records showed that most of the actions agreed upon in these meetings were followed up on and implemented. However, the audits were not scheduled to occur regularly and as a result, the issues the inspector identified on this inspection had not been identified by the provider.

The nursing staff at the centre consists of two nurses during daytime hours and one nurse during night-time hours. The daytime care team is comprised of ten care staff members, while the night-time staffing includes three care staff members working a 12-hour shift, along with one additional care staff member present from 5 pm to 1 pm. In addition to the regular staffing complement, the provider also had residents receiving enhanced care with the support of three care staff in the morning and one care staff at night. The centre also had an activity coordinator, housekeeping, administrative staff and maintenance staff. The deputising arrangements during the absence of the person in charge were clear. The clinical nurse managers worked

opposite to each other in a complementary manner, and management oversight was available during weekends.

The centre had a system in place to ensure that staff had access to mandatory and other retraining relevant to their role. The trainings included a mix of in-house trainings and external face-to-face trainings.

The inspector found that the records required to be maintained in each centre under Schedule 2, 3 and 4 of the regulations were generally well-maintained and securely stored in this centre. However, the inspector found that the medical records of two residents regarding their recent medical reviews had not been kept in the centre, and were not available for inspection.

The inspectors reviewed a sample of contracts and found that all residents had a contract in place. However, the contract of care included services that residents are entitled to free of charge. As a result, the terms relating to the services mentioned under the contracts did not comply with the requirements of the regulations, and this is further detailed under Regulation 24: Contract for the provision of services.

Regulation 15: Staffing

The provider had ensured that the centre was adequately staffed to meet the needs of the residents. The duty rosters indicated that the number and skill-mix of staff available at this centre were appropriate and suitable for the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had maintained a schedule of training in this centre, and a sample of staff files reviewed indicated that mandatory training was up-to-date. Additional training, such as training in end-of-life care, resuscitation and a human-rights-based approach to the delivery of care, was also available for staff. There were satisfactory staff supervision arrangements in place to ensure that care delivery was appropriately monitored and delivered.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had maintained a Directory of residents, which included all the required details, as set out in Schedule 3 of the regulation.

Judgment: Compliant

Regulation 21: Records

While residents were seen by their general practitioners, two residents did not have the records of their recent medical reviews kept in the centre, and this was not available for inspection.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had maintained an up-to-date contract of insurance policy for the centre, which included insurance against injury to residents and other risks, including loss or damage to a residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to ensure the service provided was safe, appropriate, consistent, and effectively monitored were not effective. This was evidenced by:

- Medication management audits failed to identify issues relating to the disposal of medicines.
- The care plan audits were not conducted regularly and was not effective and did not identify the issues identified by the inspector during this inspection.
- The provider's oversight of the safeguarding systems was not sufficient. This is discussed in the later sections of the report.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of residents' contracts that the provider had agreed in writing with residents and found that they did not comply with the requirements of the regulations. For example;

- The terms relating to the services mentioned under the contracts included services that the residents may be entitled to free of charge through the general medical services (GMS) scheme or through any other entitlements. As a result, residents' monthly invoices indicated that they were charged for additional services that they may be entitled to avail of free of charge. For example, charges for General Practitioner (GP) services, physiotherapy (initial assessment on admission) and therapy thereafter, all basic dressings, use of air mattresses when and if required, and use of air cushions when and if required.

Judgment: Substantially compliant

Quality and safety

Overall, residents in this centre were receiving care and support in line with their identified needs.

There were facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities.

Inspectors viewed a sample of residents' care records. Residents' care plans and daily nursing notes were recorded through an electronic record system. However, the residents' assessments and care plans were not adequately developed for some residents, and this is detailed under Regulation 5: Individual assessment and care plan.

Residents had access to medical, mental health, specialist nursing and various allied health services, such as speech and language therapy, occupational therapy and dietetic services.

There was a comprehensive centre-specific policy in place to guide nurses on the safe management of medications. Controlled drug balances were checked at each shift change as required by regulations and in line with the centre's policy on medication management. However, unused medicines, such as antibiotics and psychotropic drugs, had not been stored or disposed of in accordance with the national legislation, and this is discussed under Regulation 29: Medicines and pharmaceutical services.

The staff who spoke with inspectors demonstrated good knowledge about the procedures to be followed when safeguarding concerns arise in the centre. However, the provider did not fully implement the centre's safeguarding policy.

Regulation 10: Communication difficulties

The inspector found that residents with communication difficulties were supported by information in their care plans.

Judgment: Compliant

Regulation 13: End of life

A sample of residents' records was reviewed, which indicated that the end-of-life care plans of residents clearly outlined their wishes. Staff who spoke with the inspector were knowledgeable about residents' needs, such as their physical, social, and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

The centre's premises did not conform to Schedule 6 of the Care and Welfare Regulations 2013, as the design and layout of ten twin-occupancy bedrooms lacked sufficient space for residents with mobility needs to safely use large assistive equipment for transfers and did not provide adequate privacy for personal activities, leading to situations where these large assistive devices could potentially encroach on neighbouring residents' bed spaces.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents' nutrition and hydration needs were met in this centre. Systems were in place to ensure residents received a nutritious diet, based on their choices and preferences.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The provider had adequate systems to support the safe transfer and discharge of residents. Records indicated that all relevant information about a resident was provided to the receiving facility when transferring residents out of the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had not ensured that medicinal products, which were out-of-date and medicines that had been dispensed to residents but were no longer required by those residents, were segregated from other medicinal products and disposed of in accordance with national legislation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care records, and some improvements in individual assessment and care planning were required to ensure that each resident's needs were comprehensively assessed and an up-to-date care plan was prepared to meet these needs. For example:

- Three residents did not have a comprehensive assessment completed upon admission to this centre.
- Manual handling records had not been maintained in a manner that accurately reflects the current needs of two residents.
- Two residents with a history of epilepsy did not have a care plan in place to guide staff in delivering the most appropriate care.
- The pressure ulcer preventive care plan had not been adequately developed for two residents who were at risk of developing pressure ulcers.
- Furthermore, a safeguarding care plan had not been developed for one resident following a safeguarding incident.

Judgment: Substantially compliant

Regulation 8: Protection

Although there were systems in place to safeguard residents from abuse, the provider had not fully implemented their safeguarding policy when a safeguarding concern was identified. For example, a resident had not been referred to their general practitioner (GP) following a safeguarding incident in line with the centre's safeguarding policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspectors observed that residents had access to radio, television, newspapers, and other media in this centre. Regular resident meetings were facilitated by staff, and residents were found to be involved in the organisation of this centre

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lake House Nursing Home OSV-0000353

Inspection ID: MON-0045691

Date of inspection: 21/10/2025

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> <ol style="list-style-type: none"> 1. The PIC has met with the general Practitioner to inform them of the HIQA inspection findings. The PIC has stated the requirement for clear, comprehensive and legible medical notes. These medical notes are to be recorded under medical notes in the electronic Epic care system. All nurses have been educated on the importance of having the computer ready for the GP during the doctor's round. 2. A monthly audit of residents' records will be implemented to monitor compliance with documentation standards <ul style="list-style-type: none"> • The audit will review • Legibility of the GP entries • Completion of Clinical notes • Documentation of assessments and care plans • Evidence to follow up actions. • Findings from these audits will be reviewed as part of the center's clinical governance and quality improvement process. These actions will ensure that residents' records are maintained in a clear, accurate and consistent manner in line with Regulation 21-Records. 	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. A comprehensive medication management audit tool has been implemented which includes monitoring of the safe storage, administration, and disposal of medicines. Audits will be completed monthly and findings will be reviewed by the Person in Charge to ensure that any issues identified are addressed promptly through corrective action plans. 2. A structured care plan audit process has also been introduced. Care plan audits will now be conducted on a three-monthly basis to ensure that resident assessments and care plans accurately reflect residents' current needs and that any issues identified are escalated and addressed. 3. The oversight arrangements for safeguarding practices within the centre have been strengthened. Safeguarding systems and policy will be reviewed regularly by the Person in Charge and management team to ensure that appropriate safeguarding measures are implemented and monitored effectively. 4. Audit outcomes will be discussed at management and clinical governance meetings to ensure that learning is identified, actions are implemented, and continuous quality improvement is achieved. 5. These measures will ensure that management systems are effective, consistently monitored, and support the delivery of a safe and high-quality service to residents. 	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ol style="list-style-type: none"> 1. The schedule of additional expenses will be reviewed by the Proprietor. They will be clearly documented within the contract and are explained to residents and or their representatives to ensure full transparency regarding any costs that are charged. 2. All residents and their representatives will be supplied with the updated contract or addendum outlining these extra expenses. Signed copies will be retained in the residents' records. 	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. The Registered Provider has secured planning approval to extend several of the twin-bedded rooms, and plans are in place to build a 27-bed extension with other rooms and storage to bring the designated centre premises into compliance. 2. The work for the new extension is at the stage of Fire Safety Certificate Application. 3. The residents in the twin-bedded rooms will be the first to be accommodated in the new extension, some rooms are being changed to single rooms and others have plans to extend. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ol style="list-style-type: none"> 1. A comprehensive medication management audit tool has been implemented which includes monitoring of the safe storage, administration, and disposal of medicines. 2. Audits will be completed monthly and findings will be reviewed by the Person in Charge to ensure that any issues identified are addressed promptly through corrective action plans. 	
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> <ol style="list-style-type: none"> 1. A structured care plan audit process has also been introduced. Care plan audits will now be conducted on a three-monthly basis to ensure that resident assessments and care plans accurately reflect residents' current needs and that any issues identified are escalated and addressed. 2. Individual care plans and assessments such as safeguarding, Epilepsy and Wound care for residents will have a specific focus. 	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ol style="list-style-type: none"> 1. The Safeguarding systems and policy will be reviewed regularly by the Person in Charge and management team to ensure that appropriate safeguarding measures are implemented and monitored effectively. 2. Audit outcomes will be discussed at management and clinical governance meetings to ensure that learning is identified, actions are implemented, and continuous quality improvement is achieved. 3. These measures will ensure that management systems are effective, consistently monitored, and support the delivery of a safe and high-quality service to residents 	

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.	Not Compliant	Orange	31/12/2028
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	01/05/2026
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	01/05/2026

	effectively monitored.			
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Substantially Compliant	Yellow	01/06/2026
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the	Substantially Compliant	Yellow	01/05/2026

	product concerned can no longer be used as a medicinal product.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	01/06/2026
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	01/06/2026
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	01/05/2026