



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

Issued by the Chief Inspector

Name of designated centre:	Lough Erril Private Nursing Home
Name of provider:	Lakeview Retirement Home Limited
Address of centre:	Lough Erril, Mohill, Leitrim
Type of inspection:	Unannounced
Date of inspection:	07 November 2025
Centre ID:	OSV-0000357
Fieldwork ID:	MON-0047207

About the designated centre

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

Lough Erril Private Nursing Home is a purpose-built facility located near Mohill, Co Leitrim. The centre admits and provides care for residents of varying degrees of dependency, from low to maximum. The nursing home is over two levels. All resident accommodation is on the ground floor. There are six twin bedrooms and 37 single bedrooms. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

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
Friday 7 November 2025	08:45hrs to 15:30hrs	Celine Neary	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in this centre were well cared for and supported to live a good quality of life, by a dedicated team of staff who knew them well. Residents were highly complimentary of the direct care received and stated the staff were kind and attentive to their needs. When asked about the staff delivering the care, residents described them as "very good" and that the staff "are kind to me". The residents spoke very highly of the management team in the centre and knew them well. Staff were observed to deliver care and support to residents which was person-centered, patient, respectful, and in line with their assessed needs. Residents told the inspector that they felt safe living in the centre. The inspector observed residents appeared relaxed and content in various communal and private areas throughout their home. The inspector observed that staff interactions with residents throughout the day were respectful, considerate, and kind.

On entering the centre, there was a relaxed atmosphere. The reception area was inviting and was decorated to a high standard. There was a welcoming feel to this area with comfortable seating available to sit and relax. The inspector observed this area was used by individual residents and families. There was a calm and friendly, atmosphere in the centre throughout the inspection.

The centre provided accommodation for 49 residents. The premises was well-designed to meet the needs of residents, and to encourage independence alongside safety. The centre was visibly clean, tidy and well-maintained. Call-bells were available in all areas. All communal areas were found to be appropriately decorated, suitably styled and furnished to create a homely environment for residents. Bedroom accommodation comprised of single and double-occupancy bedrooms, many of which had en-suite facilities. Many bedrooms had been personalised and decorated by residents' personal preferences and choices. They were encouraged to decorate their bedrooms with personal items of significance, such as ornaments, photographs and items of furniture brought in from home. Residents had safe and unrestricted access to their garden areas without having to seek the assistance from staff.

During the morning, staff were observed to respond to residents' requests for assistance promptly. Staff paced their work so that they had time to engage socially with residents when providing care. Staff were observed offering residents' choice. Residents described how staff were prompt to answer their call-bells and reported that they were not rushed by staff.

The dining experience was observed to be a social, relaxed occasion, and the inspector saw that the food appeared appetising and well-presented. Several residents chose to eat their meals in their day room, and this was facilitated by staff. A choice of two meals was offered and residents could have an alternative if they required. Modified diets were also catered for, and staff were knowledgeable

regarding which residents required these modified meals. Residents who required assistance with eating and drinking were provided with support. The food provided appeared wholesome and nutritious, with snacks, and refreshments which were readily available.

Residents were observed to be receiving visitors with no restrictions throughout the day. Visitors said they could come to the centre anytime.

Residents told the inspector that they looked forward to activities scheduled in the centre, as they were entertaining and enjoyable. Residents told the inspector about the variety of activities they could choose to attend. Staff were observed engaging in activities with residents throughout the inspection.

Residents expressed their satisfaction with the laundry service provided, and described how staff took care of their personal clothing and returned it promptly to their bedroom.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being provided.

Capacity and capability

This was a one day unannounced inspection, carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended) and to inform a recent application made by the provider to renew the registration of the centre.

The governance and management in this centre was well organised. This inspection found that there was a clearly defined management structure in place with effective management systems to ensure the delivery of a safe and quality service. The management team were proactive in responding to issues as they arose and used regular audits to monitor and inform service improvements. The management team work together to ensure that the service delivered is safe and of high quality. The information requested by the inspector was made available in a timely manner and presented in an easily understood format.

Lakeview Retirement Home Limited is the registered provider of Lough Erril Nursing Home. There are two company directors. One of the directors is also the registered provider representative who is responsible for corresponding with the Office of the Chief Inspector.

The person in charge had been in the role since 2009. She was supported by the provider representative, a business manager who worked full-time in the centre, an assistant director of nursing, clinical nurse managers and a team of nurses, health

care assistants, activity, administration, maintenance, domestic and catering staff. There were clear lines of accountability and staff were knowledgeable regarding their roles and responsibilities.

There was good oversight of most aspects of the service. The inspector found that the audits completed were analysed, and when required, had an improvement plan put in place. The management team also monitored clinical care indicators such as wound management, restrictive practices in use and falls management to identify any trends or areas of improvement. These were discussed at management meetings. Minutes of meetings reviewed showed that a wide range of relevant issues were discussed. The inspector found there was a strong focus on ensuring that residents were satisfied with the service received. Information was also gathered through regular resident meetings. However, the systems in place regarding contacts for the provision of services to residents and the recruitment and vetting of staff employed in the centre required review and some minor improvements, to come into full compliance.

Residents' views were listened to and valued, and residents were facilitated and encouraged to provide feedback on aspects of the service they received. This feedback was used to inform improvements in the service and the annual review report on the quality and safety of the service delivered. The annual report on the quality of the service had been completed for 2024 in consultation with residents.

The inspector spoke with multiple staff from various departments. Staff turnover was generally low, and there was good forward planning for the recruitment of staff for the centre. This meant that residents were having their care needs attended to by the same staff on a daily basis. This had a positive outcome for residents. The inspector summarised that person centred care is to the forefront of care provided in this centre and residents and their families are consulted and involved in the decision making, surrounding their care. The staff confirmed that the management team have a presence within the centre and were readily available for support.

There were sufficient numbers of staff on duty on the day of the inspection to meet the assessed needs of the residents. The inspector reviewed a sample of staff files. At the time of inspection, not all files contained all of the information and documentation required by Schedule 2 of the regulations. This is discussed further under Regulation 21: Records.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre prior to the inspection visit. In addition to the application to renew the registration, the provider also submitted all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill-mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

Regulation 21: Records

A review of a sample of four staff files, relating to schedule 2 of the regulations, maintained in the designated centre found that the provider had failed to get two written references for each member of staff. Some references were obtained verbally by telephone. Furthermore, some written references reviewed in staff files by the inspector found that references were given by colleagues and not previous employers.

Judgment: Substantially compliant

Regulation 23: Governance and management

Notwithstanding the established governance and management team in place, which did provide a safe and quality service, some improvements were required by the provider to ensure that the residents' contracts of care provision were accurate, and that the vetting procedures of staff employed in the centre were adequate and in line with the regulations.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of a number of contracts for the provision of services confirmed that residents had a written contract of care in place, that outlined the services to be

provided. However, not all contracts of care included the bedroom number or the occupancy of the room agreed on admission.

The fee, to be charged to each resident were not entered into the contracts of care provision. Instead, there was a standard text example of fees entered into the contracts, which did not accurately state the fees each resident had to pay or what fees, if any, were covered by the statutory Nursing Home Support Scheme.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A revised statement of purpose had recently been submitted to the office of the Chief Inspector of Social services, which met the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, the quality of care and service provided to the residents was of a good standard, and residents were found to be receiving person-centred care in line with their assessed needs. Residents' self-care abilities and independence were promoted to facilitate each individual to lead an optimal quality of life.

Staff knew residents well and the residents told the inspector again on this inspection that their wishes and usual routines prior to coming to live in the centre were continued. Residents told the inspector that they chose when to get up in the morning and what time they went to bed at night, including a small number of residents who liked to remain in the sitting room watching television later into the evening.

Residents' medical needs were met through timely access to their general practitioner (GP). Residents had access to chiropody, dieticians, speech and language therapy and opticians. Residents were supported to attend out-patient appointments as required.

Residents were protected by safe medicine management practices and procedures.

The provider had measures in place in relation to the standard of environmental hygiene and infection prevention and control. These included cleaning specifications and checklists, which were completed. A number of clinical hand-washing sinks in the corridors and alcohol-hand gel dispensers. Personal protective equipment (PPE)

was readily available to staff, and the inspector observed staff performing hand hygiene appropriately.

Residents were supported to engage in meaningful social activities in the centre that met their interests and capacities, such as exercise, live music and art. Residents were also supported to attend regular group outings to afternoon tea and areas of local interest.

Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents' meetings were regularly convened, and there was evidence that issues of concern raised by residents were generally addressed. The residents at the centre had access to a diverse range of media, including daily newspapers, telephones, Internet, radio and television for communication and entertainment.

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. The inspector saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Regulation 12: Personal possessions

There were adequate arrangements in place for the management of residents' personal possessions, including personal finances. Each resident had sufficient space for storing personal possessions, including wardrobe space and a bedside locker with a lockable drawer.

Residents linen and clothes were laundered regularly and returned to a satisfactory standard.

Judgment: Compliant

Regulation 17: Premises

Overall, the layout of the centre was well-designed to meet the specific needs of the residents. The residents' individual living spaces and the communal areas met the requirements of Schedule 6 of the regulation. Additionally, the centre provided ample storage space to meet the needs of residents.

Judgment: Compliant

Regulation 27: Infection control

The inspector observed that there were infection prevention practices in place, consistent with the standards for the prevention and control of health care-associated infections. The centre was very clean and staff were observed to use good hand hygiene techniques.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medication management procedures and practice that were in line with professional guidance and standards. Residents' medicine prescriptions were signed by their general practitioners, and residents' medicines were administered by nursing staff as prescribed.

Medicines controlled by misuse of drugs legislation were stored securely, and balances were checked twice daily. Balances of a sample of controlled drugs checked by the inspector were correct. Medicines requiring temperature-controlled storage were stored in a refrigerator and the refrigerator temperatures were checked by staff daily.

All multi-dose medicines were dated on opening to ensure recommended use periods were not exceeded. Procedures were in place for recording and returning of unused or out-of-date medicines to the dispensing pharmacy.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities.

Residents were provided with the opportunity to express their views and contribute to the management of the designated centre through resident meetings and by participating in resident surveys.

Resident's privacy and dignity needs and rights were found to be upheld both in the layout of the designated centre premises and in the attitude and practices of staff.

Residents were offered choices in their daily routines and care was found to be person centred and promoted residents' individuality and independence.

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 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lough Erril Private Nursing Home OSV-0000357

Inspection ID: MON-0047207

Date of inspection: 07/11/2025

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: The Registered Provider will ensure that each staff members hr file will be compliant with the criteria set out in Schedule 2 of the regulations</p> <p>Two written references for each member of staff, including a reference from a person's most recent employer will be maintained on their hr files. (The current system of gaining these references for new staff over the phone will cease). The Registered Provider will ensure that the records set out in Schedule 2,3 and 4 are available for inspection by the Chief Inspector.</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>The Person in Charge will oversee the management of residents contracts of care. This will be achieved by introducing a weekly audit to review any new contracts of care and ensure the criteria listed below is adhered to:</p> <ul style="list-style-type: none"> • A member of Management will meet with the new resident, to discuss and explain the contract of care. The following points will be explained: The type of bedroom that is available (with or without ensuite) whether this is a single or shared bedroom,(explaining how many occupants already in the bedroom) 	

The room number
 The services that the nursing home will offer to the resident,
 The fees that will be charged for the services,
 The arrangement for the application for or receipt of financial support under the Nursing Homes Support Scheme, and it will also include the arrangement for the payment or refund back to the resident of any monies, (the contract will state the exact NTPF contribution, if relevant, for that resident, and the amount the HSE and resident are contributing. Where NTPF rates changes, this is then updated in each residents contract)
 The arrangement in place for the resident to avail of services not included in the Nursing Homes Support Scheme.

- Residents contracts of care will be updated, following agreement with the resident, if any change is made to the contract of care, for example, bedroom change, services changes, service fees, or updated NTPF rates.
- The Person in Charge will ensure that two written references, including a reference from a person's most recent employer will be sought for any new employee's.
- The Person in Charge will introduce a weekly audit and update the Recruitment Policy and Contract of Care Policy and Procedure to ensure compliance to this regulation.
- Updated Policy and procedures will be communicated to all staff.

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Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

All residents contracts of care will be agreed in writing with the resident the terms of their contract of care with the nursing home. This will include:

- The bedroom number that is occupied by the resident
- The type of bedroom, whether it is single or shared (explaining how many other residents occupy the bedroom)
- the services that the nursing home will offer to the resident, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned,
- The fee to be charged for the services,
- The arrangements in place for the application for or receipt of financial support under the Nursing Homes Support Scheme, including the arrangements for the payment or refund of monies, (the contract will state exactly the NTPF contribution, if relevant, for that resident, and the amount the resident is contributing, where NTPF rates changes, this is then updated in each residents file)

- Any other services which the resident may choose to avail of which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.
- Contracts of care will be kept up to date.
- A system of weekly audit to ensure compliance to this regulation will be put in place.
- Policy and Procedure to the Contract of Care will be updated and communicated to all staff.

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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 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 effectively monitored.	Substantially Compliant	Yellow	31/01/2026
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms,	Substantially Compliant	Yellow	31/01/2026

	including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 24(2)(a)	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 the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Substantially Compliant	Yellow	31/01/2026
Regulation 24(2)(b)	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 the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	31/01/2026