



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

Issued by the Chief Inspector

Name of designated centre:	Greenhill Nursing Home
Name of provider:	Saivikasdal Ltd
Address of centre:	Waterford Road, Carrick-on-Suir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	05 September 2025
Centre ID:	OSV-0004584
Fieldwork ID:	MON-0048082

About the designated centre

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

Greenhill Nursing Home is situated in a residential area approximately half a mile from the centre of Carrick-on Suir on the main Waterford road. Local amenities are all within easy access of the centre. The registered provider of the centre is Saivikasdal Ltd and Greenhills Nursing Home is purpose-built and residents' accommodation comprises of single bedrooms and one twin bedroom, most with en suite facilities. The layout of the centre comprises of three wings, each with its own large day room. Day rooms are arranged with a comfortable lounge area and a dining area. The main dining room is located by the main reception, this is a large room with views of the enclosed landscaped garden. Residents have access to the garden via many exits. The garden has walkways, seating areas, a smoking shelter, raised flower and vegetable beds for residents' enjoyment. Greenhills Nursing Home provides accommodation for 55 residents. The centre employs approximately 49 staff and full-time nursing care is provided for both male and female residents with low to maximum dependency. It caters for long-term care, convalescence care and for people with a diagnosis of dementia.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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How we inspect

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 5 September 2025	08:00hrs to 16:30hrs	Mary Veale	Lead

What residents told us and what inspectors observed

From what the inspector observed and what the residents reported, they were generally happy and content living in Greenhill nursing home. Over the course of the inspection, the inspector spoke with six residents, three visitors, and staff to gain insight into the residents' lived experience in the centre. All residents spoken with were complimentary in their feedback and expressed satisfaction with the standard of care provided. The inspector spent time in the centre observing the environment, interactions between residents and staff, and reviewing various documentation. All interactions observed were person-centred and courteous. Staff were responsive and attentive without any delays while attending to residents' requests and needs on the day of inspection.

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse. There was a calm and welcoming atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff. Residents said that they felt safe and that they could speak with staff if they had any concerns or worries. There were a number of residents who were not able to verbally give their views on the centre. However, these residents were observed to be mostly content and comfortable in their surroundings.

Greenhill Nursing Home is a purpose built single storey designated centre registered to provided care for 55 residents on the outskirts of the town of Carrick-on-Suir, Co.Tipperary. There were 55 residents living in the centre on the day of the inspection.

The premises are set out over three wings, "A Wing", "B Wing", and "C Wing". The centre's design and layout supported residents in moving throughout the centre, with wide corridors, sufficient handrails, furniture and comfortable seating in the various communal areas. The communal areas included a large dining room accessible from the main reception area and three smaller day rooms on each wing. The centre was seen to be suitably decorated throughout with paintings and pictures. The centre was observed to be clean and tidy.

Bedroom accommodation consists of 53 single bedrooms and one twin bedroom. The bedrooms of B Wing and C Wing have en-suite facilities that include a shower, toilet, and wash hand basin. The 13 single bedrooms on A Wing contain a wash hand basin and access to shared toilet and shower facilities. Bedroom accommodation throughout the centre had a television, call bell, wardrobe and seating facilities. Most bedrooms were personalised and decorated in accordance with residents' wishes.

Residents had access to a large enclosed rear garden and external grounds to the front of the premises. The garden had level paving, mature scrubs and comfortable

seating. Residents had access to a designated smoking area in the enclosed rear garden.

The inspector observed residents interacting with staff, attending activities, and spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day, and it was evident that residents had good relationships with staff. Many residents had built up friendships with each other and were observed sitting together and engaging in conversations with each other. There were many occasions throughout the day in which the inspector observed laughter and banter between staff and residents. The inspectors observed staff treating residents with dignity during interactions throughout the day.

All residents whom the inspector spoke with were complimentary of the home-cooked food and the dining experience in the centre. The daily menu was displayed in the dining room. The inspector observed the main lunchtime meal. The lunchtime was a relaxed and sociable experience, with residents enjoying each other's company as they ate while engaging in conversation. Meals were freshly prepared in the centre's on-site kitchen and served in the dining room by the staff. Residents confirmed they were offered a choice of starter, main meal, and dessert. The food served appeared nutritious and appetising. Staff were observed to be respectful and discreetly assisted the residents during the meal times. The inspector observed that drinks and snacks were offered to residents in the morning and afternoon on the day of inspection.

The centre provided a laundry service for residents. All residents' whom the inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day. Visitors who spoke with the inspector were very happy with the care and support their loved ones received.

Most residents spoken with said they were very happy with the activities programme in the centre, and some preferred their own company but were not bored as they had access to newspapers, books, radios, the Internet, and televisions. The weekly activities programme was displayed in the reception area. The inspector observed residents attending a morning arts and crafts session in the garden and reminisce quiz session in the afternoon of inspection. The centre was also home to cats Coco and Shelly. Residents spoke fondly of the cats, who were observed in the rear garden. Residents told the inspector that they enjoyed recent day trips to Kildalton College and Curraghmore Estate.

Residents' views and opinions were sought through resident meetings and satisfaction surveys, and they felt they could approach any member of staff if they had an issue or problem to be solved. Residents had access to advocacy services. The inspector was informed that the residents who can vote in the upcoming presentational election were offered and some were included in the special vote.

Alternatively if some residents chose to attend their local polling station they would be assisted.

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

Capacity and capability

This was an unannounced inspection with a focus on adult safeguarding and reviewing the measures the provider had in place to safeguard residents from all forms of abuse. The inspector found that there had been improvements in governance and management systems since the previous inspection which resulted in a well-managed centre where the residents were supported and facilitated to have a good quality of life.

Saivikasdal Limited is the registered provider for Greenhill Nursing Home. The company had two directors, one of whom is engaged in the day-to day oversight of the service. The person in charge worked full time and was supported by a clinical nurse manager, a team of nurses and healthcare assistants, an activities co-ordinator, housekeeping, catering, administration and maintenance staff. The management structure within the centre was clear and staff were all aware of their roles and responsibilities. The person in charge was supported by a Director of Clinical Care Quality and Standards.

The registered provider had supported staff in reducing the risk of harm and promoting the rights of residents by providing training and development opportunities. Records viewed on the day of inspection showed that staff had completed responsive behaviours, safeguarding, restrictive practice and dementia care training, and the inspector observed that staff were knowledgeable and applied the principles of training in their daily practice. As a result, the inspector observed that the outcomes for residents were positive and that staff and resident interactions were personal and meaningful, upholding the residents' fundamental rights while promoting their privacy and dignity.

There was evidence of ongoing staff appraisals that covered multiple competencies, which were resident-centred and focused on improving the quality of service for residents. Where there were gaps in the staff members' knowledge or practice, an action plan was attached to the appraisal to address the identified learning need. Staff were appropriately supervised. Staff with whom the inspector spoke with, were knowledgeable regarding the types of abuse and safeguarding procedures.

The provider had systems in place for the monitoring and oversight of the quality and safety of the service. There were robust systems in place to oversee, respond

to, and manage the needs of the residents with responsive behaviour and to protect all residents from abuse.

The inspector viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. Regular governance meeting and staff meeting agenda items included key performance indicators (KPI's), training, fire safety, care planning, and resident's feedback. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's and audits. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; care planning, post fall management, restrictive practice, medication management and clinical care audits. Notwithstanding the good practices identified in oversight of systems further improvements were required to the the centres audit system, this is discussed further under Regulation 23: Governance and Management.

A detailed annual review of the quality and safety of care delivered to residents took place in 2024 in consultation with residents and their families. Residents and families had been consulted in the preparation of the annual review through surveys and the residents' committee meetings. Within this review, the registered provider had also identified areas requiring quality improvement.

Regulation 15: Staffing

Based on the individual and collectively assessed needs of the residents, and having regard for the layout of the centre, the inspector found that the level of staffing on the day of inspection was sufficient to ensure that care was attended to appropriately.

Judgment: Compliant

Regulation 16: Training and staff development

From a safeguarding perspective, the provider had ensured that all staff had access to relevant training modules, for example, safeguarding of vulnerable adults, the management of restrictive practices, and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Judgment: Compliant

Regulation 23: Governance and management

Although the provider had good oversight of the centre, management systems required review to ensure that the service provided is safe, appropriate, consistent and effectively monitored, as required under Regulation 23(1)(d). This was evidenced by:

- The centres audit system required review. Some audits viewed on the day of inspection were checklists. For example: restrictive practice, residents rights, and medication management audits. These checklists were not measurable to inform ongoing quality and safety improvements in the centre.

Judgment: Substantially compliant

Quality and safety

The purpose of this inspection, focused on adult safeguarding, was to review the quality of service being provided to residents and ensure they were receiving a high-quality, safe service that protected them from all forms of abuse. This inspection found that there were robust systems in place to recognise and respond to safeguarding concerns in the centre, and to ensure all measures were taken to protect residents from harm. Notwithstanding these positive findings, the inspector found that the premises did not align fully with the requirements of the regulations.

The inspector viewed a sample of residents' nursing notes and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. The inspector viewed a sample of residents' safeguarding care plans and the management of behaviours that are challenging care plans, which were person-centred and outlined specific interventions to safeguard the residents.

There was a policy in place to inform management of responsive behaviours. There was evidence that staff had received training in managing behaviour that is challenging. Residents had access to psychiatry of later life. For resident's with identified responsive behaviours, nursing staff had identified the trigger causing the responsive behaviour using a validated antecedent- behaviour- consequence (ABC) tool. There were clear care plans for the management of the resident's responsive behaviour. It was evident that the care plans were being implemented.

There was a positive culture in the centre with an emphasis on promoting a restraint-free environment. Where restraint was used, it was used in accordance with national policy published by the Department of Health. The use of bed rails as a restrictive device had reduced steadily and was kept to a minimum. Less restrictive alternatives to bed rails were in use, such as low beds. Restrictive practice was discussed at management and staff meetings. Risk assessments were completed, a restrictive practice register was maintained, and the use of restrictive practice was

reviewed regularly. The entrance door was electronically locked. The intention was to provide a secure environment and not to restrict the movement of residents.

Residents' with communication difficulties were being facilitated to communicate freely. Their care plans reflected residents' personal needs with communication difficulties and were appropriately reviewed and updated. All residents had access to audiology, ophthalmology and speech and language services, as required.

All staff had An Garda Síochána (police) vetting disclosures on file. Staff had completed bespoke safeguarding training. Staff spoken with were clear about their role in protecting residents from abuse. The provider did not act as a pension agent for any residents. The provider held quantities of monies in safe keeping for a number of residents. The provider had a transparent system in place where all lodgements and withdrawals of residents' personal monies were signed by two staff and logged. The records reviewed showed incidents and allegations of abuse had been investigated in accordance with the provider's policy.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria as set out in Regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. Arrangements were in place for the identification, recording, investigation, and learning from serious incidents which included falls, injuries to residents, medication management, and wounds/pressure ulcers. The risk register contained site-specific risks such as the risk infections to residents in the centre and the risk to residents who displayed aggressive behaviours.

Improvements were found to the premises since the previous inspection. Lockable storage was available to residents, carpets were observed clean and the flooring in a bedroom had been replaced. The premises' design and layout met residents' needs. The centre was found to be inviting and pleasantly decorated to provide a homely atmosphere. The centre had a well-maintained enclosed rear garden. There were comfortable and pleasant communal areas for residents and visitors to enjoy. In spite of these improvements, further action was required on the premises. This is discussed in this report under Regulation 17: Premises.

Improvements were found in residents' rights since the previous inspection. Residents were provided with recreational opportunities, including games, music, exercise, bingo, and art. Arrangements were in place for consulting with residents in relation to the day-to-day operation of the centre. Resident feedback was sought in areas such as activities, meals, and mealtimes, and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre. Residents had access to local and national newspapers, the Internet, televisions, and radios.

Regulation 10: Communication difficulties

From a review of residents records it was evident that residents who had specialist communication requirements had these recorded in their care plan.

Judgment: Compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- Areas of premises were not sufficiently maintained internally and some areas of the centre required painting and repair. For example, the inspector observed, scuffed doors, chipped paint on walls, wooden skirting and handrails.
- A review of the storage of residents wash basins was required on A- wing. Residents wash basins were observed to be stored in a cupboard along with a bedpan.
- Oxygen cylinders stored in an outside shed were not stored securely.

Judgment: Substantially compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre. All restrictive practices were implemented in line with national guidance, and the provider's own local policy. Alternative approaches were attempted by staff to assist the resident before implementing any restrictive practice. Risk assessments aimed to identify any physical, psychological, emotional, social or environmental factors that may trigger responsive behaviours, in order to prevent or limit the use of restrictive practices. Restrictive practices were reviewed on a regular basis in order to evaluate their necessity, impact and effectiveness. Staff had access to appropriate training on managing the types of behaviours that may occur in the centre.

Judgment: Compliant

Regulation 8: Protection

The registered provider has taken all reasonable measures to safeguard and protect residents. This was evidenced by the following:

Staff displayed a good level of understanding of the need to ensure residents are safe from harm. Staff were encouraged to be open and accountable in relation to safeguarding with it being discussed at all management and team meetings. Feedback was actively sought from residents about their safety and how able they feel in raising concerns about care practices. Any incidents or allegations of abuse were investigated by the person in charge, and referred to appropriate external agencies, for example the safeguarding and protection team and advocacy services, where required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, the Internet, television and radio was available. Details of advocacy groups was on display in the 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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Greenhill Nursing Home OSV-0004584

Inspection ID: MON-0048082

Date of inspection: 05/09/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	All audit tools are being reviewed and updated so that they comply with the Quality Improvement Cycle. They are now measurable so that they can inform ongoing quality and safety improvements in the centre. The Director of Clinical Care Quality and Standards will review the audit findings and action plans with the PIC during the centres monthly governance meetings.
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example; <ul style="list-style-type: none">• Areas of premises were not sufficiently maintained internally and some areas of the centre required painting and repair. For example, the inspector observed, scuffed doors, chipped paint on walls, wooden skirting and handrails.• A review of the storage of residents wash basins was required on A- wing. Residents wash basins were observed to be stored in a cupboard along with a bedpan.• Oxygen cylinders stored in an outside shed were not stored securely. The provider has reviewed the ongoing maintenance plan and re-prioritised areas which need immediate attention. Areas identified during the inspection are currently being addressed.

A full review of the residents wash basin storage in Wing A has been conducted by the Person in Charge (PIC). All wash basins are now stored in each resident's individual room, adjacent to their handwashing sink. Staff have received clear instructions regarding:

- The correct storage of individualised wash basins.
- The importance of safekeeping.
- Adherence to proper Infection Prevention and Control (IPC) measures.

This will be audited by the PIC and also monitored daily by the nursing team during the walkarounds.

The bedpan has been removed from the cupboard where it was stored on the day of the inspection and both have undergone a deep clean.

Following a completed risk assessment. All oxygen cylinders are now securely stored outside in a locked cage adjacent to the store.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2025
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	30/11/2025