

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

## Issued by the Chief Inspector

Name of designated centre:	Clonskeagh Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Clonskeagh Road, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	09 September 2025
Centre ID:	OSV-0000491
Fieldwork ID:	MON-0047147

## About the designated centre

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

Clonskeagh CNU is located in South Dublin and is run by the Health Service Executive. It was purpose built and provides 84 long-term care and 6 spaces for respite care. There is also a 16 person day care service run on the same premises. The staff team includes nurses and healthcare assistants at all times, and access to a range of allied professionals such as physiotherapy.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	86
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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
Tuesday 9 September 2025	07:00hrs to 14:30hrs	Sheila McKevitt	Lead
Tuesday 9 September 2025	07:00hrs to 14:30hrs	Helen Lindsey	Support

## What residents told us and what inspectors observed

During this unannounced inspection, the inspectors met with many residents and spoke with 12 residents in more detail to gain insight into their experience of living in Clonskeagh Community Nursing Unit.

The feedback from residents living in the centre was very positive. The residents spoken with told the inspectors that 'it was a lovely place to live' and that 'the care is excellent'.

Residents spoke positively about the food. They described it as 'lovely', 'very nice' and 'tasty'. They said there was never a problem with getting more food if they were hungry. Inspectors saw that there was staff available to assist residents with their meals both in their bedroom and in communal rooms.

Residents told inspectors that they felt there were enough staff on duty during the day and night. They said that staff came 'quick enough' when they used their call-bell. One resident described the staff as an 'excellent bunch'.

Inspectors found that some areas of the centre were not well-maintained, such as, the nurses' stations and kitchenettes in a number of units. In general the overall maintenance and upkeep of premises required improvement as further discussed under Regulation 17: Premises. In addition, inspectors found that items such as hoist slings were not stored in an appropriate and safe manner and that equipment was stored in a number of communal bathrooms which meant that residents could not access them when they needed. Infection prevention and control practices required strengthening and areas for improvement are discussed in more detail under Regulation 27: Infection control.

Residents said that the laundry service was good and that they received their clothes back in a timely manner. The storage facilities for personal belongings had improved since the last inspection with the installation of new storage facilities in twin bedrooms. However, inspectors observed that a small number of residents did not have access to a bedside locker and storage practices in general required further review.

Residents assured the inspectors that they had a good choice of activities, that their right to attend or not was upheld by staff. An external trip was organised once each month and residents again had the choice to participate or not. They had access to daily communal newspapers and some residents had their own newspaper delivered to their room on a daily basis.

The following sections of this report detail the findings with regard to the capacity and capability of the provider, and how this supports the quality and safety of the service provided to residents.

## Capacity and capability

Overall, the findings of this inspection was that this centre had a strong governance team in place, however inspectors found that some of the governance and management systems were ineffective in maintaining a good oversight of some practices and did not ensure that residents received person-centred care. In particular, further action was needed as identified further in the report under Regulation 17: Premises and Regulation 5: Individual assessment and care plan. Other areas for improvement are outlined in the report.

The inspectors followed up on the compliance plan submitted to the Chief Inspector after the last inspection, and acknowledged the positive changes. While the provider prioritised addressing the highest risk areas, not all actions had been completed in full.

The Health Services Executive (HSE) is the registered provider of Clonskeagh Community Nursing Unit. The general manager for Community Healthcare Organisation 6 (CHO6) is the person delegated by the provider with responsibility for senior management oversight of the service. The person in charge was supported in their role by a unit manager, two assistant directors of nursing, clinical nurse managers, an advanced nurse practitioner, staff nurses, health care assistants, activity staff, and household staff. The designated centre was also supported by clerical officers, porters, medical officers and allied health professionals.

Clinical governance meetings, staff meetings and residents meeting were all taking place on a frequent basis. It was clear these meetings ensured effective communication across the service. The quality and safety of care was being monitored through a schedule of audits including audits on call-bells, care plans, environmental audits and restraints. However these audits did not identify the issues identified by inspectors on this inspection. In addition, there were no action plans, nominated person responsible or set time-lines for the audits that were not in full compliance.

Staff had all the required mandatory training in place and almost all had completed additional training in topics such as a rights-based approach to care.

The staffing resources were good. There were adequate numbers of clinical staff to meet the needs of residents and inspectors were informed that there were no staff shortages in house-keeping, catering or in the maintenance department.

All the requested documents were available for review and found to be over all compliant with legislative requirements. For example, staff rosters, the residents' guide and training records for staff.

## Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

There was an application to vary condition 1 and condition 3 submitted by the provider prior to this inspection. Inspectors reviewed the floor plans submitted by the provider against the actual rooms and their designated function on the day of inspection and found some discrepancies.

Judgment: Substantially compliant

## Regulation 15: Staffing

Staffing levels were appropriate, having regard for the size and layout of the centre across all floors, and the individual and collectively assessed needs of the residents. The whole time equivalent staffing numbers on the day of inspection, were in line with those outlined in the centre's statement of purpose, which forms Condition 1 of the centre's registration.

Judgment: Compliant

## Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Training records were maintained and updated and the inspectors were assured that all staff working with residents in the centre had completed all the required mandatory training on safeguarding vulnerable residents in place. Staff had also completed training on a human rights-based approach to care.

Supervision of staff and residents was evident on the day of inspection.

Judgment: Compliant

## Regulation 23: Governance and management

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(1)(d), were not sufficiently robust. This was evidenced by the following:

- Improved oversight of some of the systems in place was required to ensure service and care delivery were effectively and proactively managed. For example, care planning.
- Audits of assessments and care plans completed in all units in August 2025, showed that some units achieved 100% compliance in their audit and other units achieved over 70% compliance, however these audits had no action plans for improvement therefore, there were no actions for improvement taken to review and improve practices in these three units. Furthermore, a sample review of assessments and care plans by inspectors found that these documents were not completed for each resident on admission to the centre in line with local policy and regulatory requirements.
- Some areas of the premises were not well-maintained, although they had been reported as not working correctly, broken or in need of repair. There were delays in responding to maintenance issues and environmental audits completed to date in 2025 had not identified all the ongoing issues with the wear and tear of the premises.

Judgment: Substantially compliant

## Quality and safety

Inspectors found that residents' rights were upheld and staff were available to support residents to receive care and residents had opportunities to participate in and enjoy social engagement. However, significant improvements were required in relation to individual assessment and care planning to ensure quality care and in respect of premises to ensure they were safe and appropriately maintained to support a good quality of life. In addition, further improvements regarding personal possessions and infection prevention and control would further enhance the safety and quality of life for the residents living at the centre.

Assessments and care plans had been paper-based but had moved to a computerised system since the last inspection. Inspectors reviewed a sample of care records, assessments and care plans. Pre-assessments were seen to be completed prior to a new admission to ensure that the designated centre could care for the resident's individual needs. Some residents had no comprehensive assessment completed on admission, others had them partially completed and others had them in place but did not have them updated within the past four months. Validated risk assessment tools were used to identify specific clinical risks, such as risk of falls, pressure ulceration and malnutrition, however some residents did not have these completed on admission. Some residents did not have a skin integrity or pressure ulcer risk assessment in place. A sample of residents care plans reviewed did not clearly reflect the care they required or their individualised preferences. This is discussed under Regulation 5: Individual assessment and care plan



While some areas of the centre were well-presented and laid out to meet the needs of the residents, the registered provider had not ensured that the premises adhered to all matters within Schedule 6 of the regulations. Inspectors found there was ineffective action to address all of the issues identified on the last inspection report, such as poor storage for equipment. However, it was evident that management had prioritised some issues that required attention such as the provision of sufficient personal space and storage for personal belongings and ventilation. This is further discussed under Regulation 17: Premises.

Practices in the main pertaining to standard of cleanliness and storage of equipment required review to ensure they prevented rather than enhanced the spread of infection as discussed under Regulation 27: Infection Control.

Residents were supported to maintain control over their clothing and personal possessions with a lockable cupboard for personal possessions. With the provision of additional storage in twin bedrooms both residents in twin bedrooms had access to an adequate amount of storage space for their personal belongings. However, a small number did not have access to a bedside locker.

Information relating to the designated centre was available through a resident's guide which was seen to be regularly updated, and had been since the last inspection, to ensure it met all of the regulatory requirements.

## Regulation 12: Personal possessions

Notwithstanding the additional of storage units in twin bedrooms, some residents did not have access to their personal belongings as the bedside locker was not accessible to them.

Judgment: Substantially compliant

## Regulation 17: Premises

The following areas required action to ensure they conformed to the matters set out in Schedule 6 of the regulations:

- some wooden furniture had surface damage and therefore could not be cleaned properly. For example, wooden beds in a number of bedrooms were visibly damaged.
- a more proactive maintenance programme was required internally as some areas of wear and tear were noted to paint work throughout the building such as, door frames, skirting boards and walls.
- significant damage was noted around the perimeter and work surfaces of a number of nurses' stations.

- clinical rooms were cluttered on, therefore there was little available surface to prepare medications.
- oxygen was stored in an unsafe manner, posing a risk of them falling over.
- one communal room had badly damaged wooden floors, which inhibited appropriate cleaning.
- the signage on some doors did not reflect the rooms outlined in the statement of purpose or on the floor plans. This could pose a risk in the event of evacuation.
- the doors of two communal areas had COVID-19 signs in place restricting the number of persons that could be in the room at any one time, although there was no outbreak of COVID-19.
- the call-bell system alerting staff for requests for attention was very loud when call-bells rang; this was particularly noticeable in Maple unit disturbing the peaceful environment for residents living there

Judgment: Not compliant

### Regulation 20: Information for residents

A user-friendly residents' guide was available that contained relevant information about the services provided and those involved.

Judgment: Compliant

### Regulation 27: Infection control

There were issues fundamental to good infection prevention and control practices which required improvement, as follows:

- some items of equipment such as microwaves, tray trolleys and fridges required attention to ensure they were maintained in a hygienic manner.
- water dispenser trays in a number of kitchenettes were not clean.
- kitchenette work surfaces and inner cupboard surfaces were not clean.
- unlabelled hoist slings were observed to be stored in one shared bathroom. This posed a risk of cross-infection as they could be shared between residents.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The standard of nursing documentation and assessment required improvement to assure inspectors that residents' needs were met. For example;

- A number of residents did not have comprehensive assessments completed on admission.
- A number of residents did not have the required risk assessments completed on admission. For example, one resident residing in the centre for 12 days on respite was admitted with a pressure ulcer. The resident did not have a skin integrity or pressure ulcer risk assessment in place.
- Some residents' did not have their assessment or care plans updated within the past four months.
- The information in many care plans was duplicated and was not consistent with the information handed-over to staff at the morning handover meeting.
- Some care plans did not contain up-to-date information and did not reflect the residents' revised assessed needs. For example, one recent admission, who required specific nursing care as they had an indwelling catheter insitu, did not have a care plan for this indwelling catheter.
- The information in some care plans was generic and therefore, did not clearly outline the care to be delivered.

Judgment: Not 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
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant

# Compliance Plan for Clonskeagh Community Nursing Unit OSV-0000491

Inspection ID: MON-0047147

Date of inspection: 09/09/2025

## 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
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration:  All discrepancies identified during the inspection have been fully addressed. The designated centre's physical environment now accurately reflects the submitted floor plans. Each room is being used in accordance with its designated function as per the registration conditions.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:  Plan:  Governance & Oversight A new electronic care documentation system (Epic Care) was implemented on 28th July 2025 to enhance oversight and consistency in care planning. All audits now include detailed action plans with assigned responsibilities and timelines for completion. A care plan audit package has been purchased to support continuous monitoring of compliance across houses. Coaching and mentoring of Clinical Nurse Managers (CNMs) has been completed to ensure effective use of the platform. Monthly reports are generated to	

track compliance and inform the quality improvement process.

#### Care Planning Compliance

A full review of admission assessments and care plans has been undertaken to ensure alignment with local policy and regulatory requirements. All residents now have completed documentation on admission, and this is monitored through the new audit system.

#### Premises Maintenance

Maintenance issues are managed through HSE Estates. Immediate risks are addressed promptly via an on-call service. A minor capital application has been submitted for 2026 to address general wear and tear. A joint scoping exercise was completed on 26th September 2025 by the General Manager and HSE Estates Manager to develop a structured plan to address environmental issues, including nurse station refurbishment. Environmental audits have been revised to ensure comprehensive identification of maintenance needs.

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

All residents now have unobstructed access to their personal belongings, including bedside lockers, in accordance with Regulation 12. Staff have been instructed to ensure lockers are positioned within reach and are not obstructed by furniture or equipment. This instruction has been reinforced through supervision and daily observations.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

#### Premises Maintenance & Upkeep

Annual servicing of all beds commenced on 8th October 2025, with repairs to visibly damaged wooden surfaces to ensure they are cleanable and meet infection prevention and control standards.

A minor capital application has been submitted for 2026 to address key priorities associated with identified internal wear and tear, including repainting of door frames, skirting boards and communal areas. A joint scoping exercise was completed by the PPIM and HSE Estates on 26th September 2025 to assess damage to nurses' stations, with remedial works scheduled for completion by Q3 2026.

### Clinical Environment

Clinical rooms have been decluttered to ensure safe and functional medication preparation areas. The centre is transitioning to electronic documentation, which will reduce physical storage needs and improve space utilization by Q2 2026.

The issue identified regarding storage of medical gases has been addressed.

### Signage & Safety

All room signage has been updated to reflect the Statement of Purpose and floor plans. COVID-19 restriction signage was removed from communal areas on 9th September 2025. This ensures clarity in evacuation procedures and supports regulatory compliance.

### Call Bell System

The excessive noise issue in the Maple Unit was escalated to the system provider and has been resolved. The call bell system now operates at a volume that maintains a peaceful environment for residents while ensuring appropriate alerts to staff.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

### Infection Prevention & Control Measures

In response to the inspection findings under Regulation 27, enhanced cleaning and auditing protocols have been implemented to ensure all equipment and surfaces are maintained in a hygienic condition. Pantry audits, previously conducted quarterly in line with HACCP requirements, are now completed weekly. Action plans are generated by the Household Manager and reviewed by the Operations/Unit Manager to ensure timely resolution of any issues.

A robust cleaning and auditing system for kitchenettes has been in place since 29th September 2025, including daily hygiene checks and weekly audit reports. These measures ensure that water dispensers, work surfaces, and cupboard interiors are consistently clean and compliant with IPC standards.

### Hoist Sling Management

All hoist slings have been labelled for individual resident use to prevent cross-contamination. Majority of residents have access to a ceiling hoist in their room. A portable hoist is available for emergency use only in communal areas where ceiling hoists are not installed. Staff have been instructed on the safe storage and use of slings in line with IPC protocols.



Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Care Planning &amp; Documentation Compliance</p> <p>In response to the inspection findings under Regulation 5, the centre has implemented a structured improvement programme to ensure all residents have comprehensive and person-centred assessments and care plans in place. The Epic Care electronic documentation system was introduced on 28th July 2025 to support standardized and accessible nursing documentation.</p> <p>A suite of mandatory assessments has been developed and communicated to all nursing staff. CNMs now conduct daily reviews of assessments to ensure they are completed on admission and updated in line with residents' changing needs. The Director of Nursing and Assistant Director of Nursing provide ongoing oversight of nursing documentation, with reports generated that include action plans and review dates to monitor compliance. A care plan audit package has been procured to support continuous quality assurance. Audits now include specific action plans and assigned responsibilities. Coaching and mentoring of CNMs has been completed to ensure efficient use of electronic platform and adherence to best practice standards.</p> <p>A full review of all nursing plans is underway to ensure they are person-centred, reflect current assessed needs, and are free from duplication or generic content. This review will be completed by 31st October 2025. Care plans are being aligned with the information shared during handovers to ensure consistency in care delivery.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 7 (3)	A registered provider must provide the chief inspector with any additional information the chief inspector reasonably requires in considering the application.	Substantially Compliant	Yellow	10/09/2025
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	10/09/2025
Regulation 17(2)	The registered provider shall, having regard to	Not Compliant	Orange	30/04/2026

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
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	31/10/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	29/09/2025
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	31/10/2025
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an	Not Compliant	Orange	31/10/2025

	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.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	10/09/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/10/2025