



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

## Issued by the Chief Inspector

Name of designated centre:	Kilminchy Lodge Nursing Home
Name of provider:	Kilminchy Lodge Nursing Home Limited
Address of centre:	Kilminchy, Portlaoise, Portlaoise, Laois
Type of inspection:	Unannounced
Date of inspection:	08 October 2025
Centre ID:	OSV-0000052
Fieldwork ID:	MON-0048249

## About the designated centre

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

This is a single-storey purpose built centre. Kilminchy Lodge Nursing Home is staffed by qualified nursing and care staff at all times and caters for residents whose dependency levels range from low to maximum. It accommodates both female and male residents over the age of 18 years with a varied range of care needs. This centre can accommodate up to 74 residents. It has 68 single bedrooms, and three twin-bedrooms, all with en suite facilities. Privacy screening is provided in the shared bedrooms. There is a large living room where many of the daily activities take place. The main kitchen is adjacent to the large dining area which leads to a secure outdoor area. The centre is situated in residential area in a busy town and is serviced by nearby restaurants/pubs/libraries/ pharmacies/ GP surgeries etc.

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

Number of residents on the date of inspection:	65
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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
Wednesday 8 October 2025	08:50hrs to 16:30hrs	Laurena Guinan	Lead
Wednesday 8 October 2025	08:50hrs to 16:30hrs	Sharon Boyle	Support

## What residents told us and what inspectors observed

Residents living in Kilminchy Lodge Nursing Home told inspectors they felt safe and well cared for, and inspectors saw many kind interactions throughout the day. The centre is purpose built and divided into three units, Dunamaise, Maryborough and Slieve Bloom. The entrance was secured with a buzzer system and led to a reception area. A large dining room was beside the reception area and this gave access to a secure, well maintained courtyard. The courtyard had a sheltered smoking area which had appropriate fire precautions and call-bell facilities in place. A resident using this area told inspectors they found the shelter to be too small as it could only fit three people comfortably, especially when it was raining, and there were more than three residents who used this area. This was brought to the attention of the person in charge who agreed to review the arrangement.

The inspectors accompanied the person in charge on their daily walkaround of the centre. There were a number of communal rooms spaced throughout the centre and these were seen to be clean, welcoming and comfortably furnished. Residents were free to use these for activities, private time, or to receive visitors in. Rooms such as storage rooms, sluices and store rooms were all kept locked, and were clean and tidy. During the walkaround, the person in charge identified items that required attention, such as delivery boxes to be emptied and a resident's sling left in a communal area, and these were dealt with immediately. The clinical room had a new air filtration system installed which kept the room at a safe temperature for the medication stored there, and a system for safely returning unused or out of date medication to the pharmacy was in place. The clinical room was clean and tidy, and medication was kept secure in the room.

The general atmosphere in the centre was calm and relaxed, and the inspectors heard staff assisting residents in a friendly and respectful manner. Residents participated in a well attended zumba exercise class in the morning, and activities staff were also seen visiting residents in their bedrooms to engage them in one-to-one activities. Residents told inspectors that there was a lot to do in the centre, but they also had their alone time respected. One resident said that she loved her room so much that she did not want to leave, although staff always asked her if she wanted to join group activities. Residents' rooms were seen to be clean and attractively furnished, and many had been personalised with residents' own belongings. Residents said they loved being able to make their rooms feel like home.

The inspectors saw lunch being served. The food appeared hot and nutritious, and portions were plentiful. Residents were complimentary of the choice and quality of food. One resident told inspectors that if they did not like the choice on the day's menu, the chef would cook something different for them. The dining room was relaxed during lunch, and there was an adequate amount of staff to assist residents. A number of residents chose to dine in their rooms, and all those spoken with said that their meal was hot, and they had assistance if needed.

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

## Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors also followed up on the compliance plan from the previous inspection, and statutory notifications submitted to the Chief Inspector since the last inspection in July 2025.

Following the July 2025 inspection, which found that there had been no appropriate person in charge in the centre for a number of weeks, the Chief Inspector of Social Services issued a Notice of Proposed Decision to attach a condition to the registration of the designated centre. The purpose of this condition was to stop admissions to the designated centre until the registered provider appointed a suitable person in charge and put in place an effective governance and management structure to ensure compliance with the regulations and ensure that residents care needs were met. In their compliance plan, the registered provider outlined measures that they would take to demonstrate their commitment to meeting the regulatory requirements and reducing risk to residents living in the designated centre. In order to allow sufficient time to implement their action plan, the registered provider voluntarily put a temporary pause on admissions to the designated centre until 31st September 2025.

During this inspection, inspectors found that the registered provider had taken steps to address the concerns previously raised regarding the governance and management of the centre and the care provided to the residents. The registered provider had established effective oversight and management systems, ensuring clear lines of authority and accountability. Following the inspection, the registered provider submitted representation in response to the Notice of Proposed Decision, outlining the actions taken to improve compliance, which had been seen by inspectors on this inspection.

Kilminchy Lodge Nursing Home Limited is the registered provider of Kilminchy Lodge Nursing Home. The company comprises of two directors, who are also involved in the operation of 24 other designated centres and which are part of the Emeis group. Following the inspection in July, a new person in charge had been appointed who held the relevant qualifications and experience as set out in the regulations. The person in charge worked full-time in the centre and had the support of a regional manager who was on-site a minimum of two days per week. Both were seen to be known to staff and residents, and staff spoken with were enthusiastic about the positive changes that had been implemented under the new management structure.

The person in charge was supported in their role by a team of health care assistants and activities, household, kitchen, administration and maintenance staff.

The inspectors saw evidence of a system of audits with corresponding action plans in place to address the issues identified. Care plan audits had been conducted as per the compliance plan from the previous inspection, which prompted a full review of care plans and staff education in the area. These measures had positive results, which will be discussed later in the report. The daily walkaround had also been reintroduced by the person in charge. The inspectors saw that this facilitated the smooth running of the centre as issues were identified and dealt with promptly. The person in charge interacted positively with both staff and residents during this walkaround, and it was evident that good interpersonal and working relationships had been established.

The centre had an annual review with a corresponding quality improvement plan in place. One area identified for improvement in their review was end-of-life care, and measures taken to address this included staff training and the provision of a family room. The inspectors saw a schedule of management, staff and residents' meetings which ensured good communication and governance in the centre. Residents and staff spoken with said that they felt involved in the running of the centre, and surveys showed a high level of resident satisfaction. Notwithstanding the improvements in the management and governance of the centre, the oversight of the submission of notifications to the Office of the Chief Inspector, and oversight of the residents' petty cash system required strengthening. These will be discussed under Regulation 23: Governance and management and Regulation 31: Notification of incidents.

Five contracts of care were reviewed by the inspectors and they contained information on the funding arrangements in place, as well as the fees to be paid by the residents. The room number and occupancy of the room was also correctly identified in the contracts, and all had been appropriately signed.

On reviewing the centre's incident log book, the inspectors identified two incidents that had not been notified to the office of the Chief Inspector as required under Schedule 4 of the regulations. This was brought to the attention of the person in charge and the regional manager.

All policies and procedures as set out in Schedule 5 were in place and available to the inspectors. These were also held on an internal software system so that staff could easily access them. All the policies and procedures had recently been reviewed and updated.

The systems to ensure the policy on the management of residents' accounts and finances required strengthening to ensure residents' monies were adequately protected. The residents' petty cash system in place required two staff to sign for deposits and withdrawals. While there were two signatures, inspectors were told that both staff did not always verify the balance, which meant that errors were not immediately identified and rectified.

## Regulation 14: Persons in charge

The registered provider had ensured there was an appropriate person in charge with the relevant qualifications and experience.

Judgment: Compliant

## Regulation 23: Governance and management

The oversight of management systems required strengthening to ensure the service provided was safe and effectively monitored. This was evidenced by:

- Oversight systems had not identified that the system to record withdrawals from, and deposits to, residents' petty cash funds was not in line with the centre's own policy on the management of residents' accounts and finances to ensure that residents' monies were adequately protected.
- Oversight systems had not ensured that all incidents as specified in Schedule 4 of the regulations were submitted to the Office of the Chief Inspector within the specified timeframes.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

The registered provider had ensured the contracts of care correctly identified the room number, room occupancy, funding in place and fees to paid.

Judgment: Compliant

## Regulation 31: Notification of incidents

Two incidents specified in Schedule 4 of the regulations had not been notified to the Office of the Chief Inspector.

- The unexplained absence of a resident from the centre was not notified.
- An allegation of abuse was not reported.

Judgment: Not compliant

#### Regulation 4: Written policies and procedures

All policies and procedures as set out in Schedule 5 were in date and available.

Judgment: Compliant

#### Quality and safety

Residents in Kilminchy Lodge Nursing Home were seen to receive a high standard of care from staff who were familiar with their needs and preferences. The inspectors reviewed seven care plans with a focus on communication, safeguarding and end-of-life care. Validated assessments tools had been used in developing care plans, and this was seen to have been done within 48 hours of admission, with reviews conducted on a minimum four monthly basis. On review, the inspectors saw that the assessments directed the care given to the resident.

Residents who had communication difficulties had this documented in their care plans, and methods to help them communicate were specified. For example, residents whose first language was not English were provided with communication books. Staff spoken with knew where to find these books and how to use them. Staff also spoke in detail about communicating with the residents using gestures and translation apps, and they showed a good understanding of the residents' abilities and comprehension.

End-of-life care had been identified as an area of improvement in the centre's annual review. The majority of staff had completed training in this area, and residents wishes were documented in their care plans. The care plans included the residents' wishes regarding resuscitation status and religious beliefs. A communal room called The Snug had recently been refurbished as a room for the families of those on active end-of-life care. The room had comfortable couches, soft lighting and leaflets on bereavement. Inspectors were told by families that staff were proactive in keeping residents on palliative care comfortable, and their communication with families was kind and supportive.

The registered provider was a pension agent for seven residents. Residents' pensions were held in a separate residents' account and individual statements were available. All staff had completed training in safeguarding, and those spoken with displayed a good understanding of recognising abuse and how to escalate concerns. Information on safeguarding and advocacy services was displayed throughout the centre, and residents told the inspectors that they felt safe. Staff, families and residents said they were confident that management would listen to and deal with

concerns. The person in charge had introduced daily safety huddles which discussed current resident safety concerns. The inspectors observed one in progress, and there was active participation from all staff during the session. Staff spoken with said these sessions had empowered staff to identify safety concerns and solutions independently, improved staffs' knowledge of the residents, and encouraged a collaborative approach to resident care.

The centre had a laundry on-site and residents said that their clothes were laundered regularly. Two residents said that on occasion an item of clothing may go missing, but staff always located it quickly. A number of residents commented on the comfort of their rooms, and there was adequate space to store belongings. Each room had a safe to store valuables, and residents said they were comfortable with the safety of their belongings.

### Regulation 10: Communication difficulties

The registered provider had ensured that residents who had communication difficulties were facilitated to communicate freely. Care plans detailed specialist communication requirements and staff were aware of these needs.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had adequate space to store their belongings and clothes were laundered regularly and returned to the resident.

Judgment: Compliant

### Regulation 13: End of life

The person in charge had ensured that residents' end-of-life needs and wishes would be met, and that open communication with families would be maintained.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents were appropriately assessed, and care plans were developed within 48 hours of admission to the centre. These care plans were seen to be reviewed on a four monthly basis.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Kilminchy Lodge Nursing Home OSV-0000052

Inspection ID: MON-0048249

Date of inspection: 08/10/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>From 9th October 2025, the process for withdrawals and deposits from residents accounts has been strenghtened by ensuring all withdrawals, deposits and balances are checked and verified by two staff at all times. Receipts are given to the resident for their own records and copy is maintained our records.</p> <p>From 9th October 2025, all notifications will be submitted as specified in Schedule 4 of the regulations within the specified timeframes. This will be monitored by the Regional Director at the monthly clinical governance meeting.</p> <p>The Director of Nursing submitted to the Office of the Chief Inspector two incidents on the 15th October 2025.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>From 9th October 2025, all notifications will be submitted as specified in Schedule 4 of the regulations within the specified timeframes. This will be monitored by the Regional Director at the monthly clinical governance meeting.</p> <p>The Director of Nursing submitted to the Office of the Chief Inspector two incidents on the 15th October 2025.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	15/10/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	15/10/2025