



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Birr Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Sandymount, Birr, Offaly
Type of inspection:	Unannounced
Date of inspection:	06 January 2026
Centre ID:	OSV-0000522
Fieldwork ID:	MON-0041860

About the designated centre

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

Birr community Nursing Unit is a single-storey facility located in a quiet residential area, within walking distance of Birr town centre. The centre can accommodate 74 residents over the age of 18 years, both male and female for long term and respite care. Six beds are also dedicated to rehabilitation care. Accommodation is set out in three suites, Laurel, Sandymount and Camcor with communal dining and sitting rooms in each suite. Bedroom accommodation for residents is provided in 15 bedrooms with three beds, eight twin bedrooms and 13 single bedrooms. All bedrooms have en suite toilet, wash basin and shower facilities. A palliative care suite is available in the centre. Services provided include 24 hour nursing care of residents with the following needs; general care, mental health, palliative care and dementia. A medical officer and health and social care professionals are provided as part of the service to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	68
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 6 January 2026	08:00hrs to 15:45hrs	Aoife Byrne	Lead
Tuesday 6 January 2026	08:00hrs to 15:45hrs	Laurena Guinan	Support

What residents told us and what inspectors observed

Inspectors found that residents living in this centre were well cared for and well supported to live a good quality of life by a dedicated team of staff that knew them well. Residents living in Birr Community Nursing Unit described it as a fantastic place and told inspectors that staff were kind and attentive.

This unannounced inspection was carried out over one day. On arrival to the centre inspectors spent time walking through the centre, which provided inspectors with an opportunity to introduce themselves to residents and staff. The majority of residents were having their morning care needs attended to by staff while some were up and about in the communal areas. Following this, an introductory meeting was held with management staff when they arrived on duty.

Birr Community Nursing Unit is a single-storey premises on the outskirts of Birr, County Offaly and is registered to provide care for 74 residents. There were 68 residents living in the centre on the day of the inspection. Bedroom accommodation comprises of both single and multi-occupancy bedrooms. The centre is divided into three self-contained units, namely Camcor, Sandymount and Laurel. The design and layout of the premises met the individual and communal needs of the residents'. The building also houses a day service and community services which are operated independently of the residential units.

The centre was experiencing an Influenza outbreak on the day of inspection. The outbreak affected six residents who were positive for the infection. On arrival to the centre there was signage to alert visitors that the centre was in an outbreak. All staff were wearing face masks in line with the current guidelines for managing an outbreak of respiratory infection.

During the walk around of the premises, inspectors observed two smoking areas had various flammable items such as Christmas tree and plastic decorations stored in boxes. This was an area of increased fire risk and action was taken immediately by the provider to clear the area. It is acknowledged that this was complete by the end of the inspection.

Each unit had a sluice room and inspectors found the doors to these rooms unlocked and cleaning chemicals stored here not secured safely, posing a risk that residents could access them. The sluice room on the Camcor unit also had a number of boxes of supplies on the floor, some of which blocked access to the sink. This did not support good infection control and will be discussed later in the report.

The inspectors observed lunch being served and the food looked hot and nutritious, with two residents saying that while the food was good, the portions were on the large side. All residents spoken with said that there was a good choice of food, and the kitchenettes on each unit were amply stocked for drinks and snacks. Staff sat

beside those they were assisting with lunch, and there was social conversation between staff and residents during the meal. One resident did not feel well enough for lunch, and staff offered alternatives and organised to hold the resident's lunch for later in the day. Residents who chose to have lunch in their bedrooms had their meal delivered hot, and were given assistance as required.

The inspectors spoke with a number of visitors on the day of the inspection, and they said that they were made to feel very welcome. The inspectors were told that staff were proactive in communicating with families, and showed great care and attention to their loved ones. One visitor remarked that they were booking a bed for themselves because they were so impressed with the care.

Residents spoken with told inspectors that they felt safe and well-cared for in Birr Community Nursing Unit, and they would have no concerns raising concerns with staff. Staff were described as 'fantastic' and 'very kind', and a number of residents said they had never needed to complain. One resident said they were very happy living there, but would like an update on the residents' meetings which they chose not to attend. This was brought to the attention of the person in charge who said it would be followed up.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts 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). 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 January 2025.

The Health Service Executive was the registered provider for Birr Community Nursing Unit. There was a person in charge who worked full-time in the centre and who was supported in their role by an assistant director of nursing and a team of clinical nurse managers. Staff nurses, healthcare assistants, activities coordinators, household, catering and maintenance staff made up the remainder of the staff team in the centre.

The minutes of health and safety meetings, and management meetings were reviewed by inspectors. These minutes did not include action plans to address issues raised, making it difficult to determine whether the issues had been resolved. While management meetings were planned for each quarter, these had not taken place in the previous year. Inspectors were told that meetings often served a dual purpose, in that a health and safety meeting could also be considered a management

meeting. This meant that actions were not always followed up, or addressed at the follow up meeting. This will be discussed under Regulation 23: Governance and management.

The centre had a system of audits in place and these were seen to have been used to improve the service. For example, falls audits had informed recommendations for individual residents and each unit. These recommendations were assigned a responsible person and been followed up to ensure they had been implemented.

The inspectors reviewed five staff files and found that they contained all the information set out in Schedule 2 of the regulations. Residents' records were stored at the nurses' station on each unit. On the day of inspection, the inspectors found that the units containing the records were unlocked. The nurses' stations were seen to be unsupervised for periods of time, which meant that residents' records could be inappropriately accessed. This will be discussed under Regulation 21: Records.

The inspectors reviewed four contracts of care and saw that each had been appropriately signed. The services to be provided and the fees to be paid were detailed, and the room number and occupancy of the room assigned to the resident was included.

The centre had a complaints policy that was in line with the regulations, and the complaints procedure was on display on each unit. The inspectors reviewed five complaints and saw that they had all been dealt with appropriately. One complaint had required escalation to an outside service and this was seen to be done promptly. The complainant had been kept updated on the progress of their complaint until it was resolved to their satisfaction. The Complaints Officer and Review Officer had completed training appropriate to the roles.

Regulation 21: Records

Residents' records were not kept in such a manner as to be safe. This was evidenced by:

- Residents' records were stored in unlocked presses at the nurses' stations.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had a valid contract of insurance.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place did not ensure the service was consistent and effectively monitored. This was evidenced by:

- Inconsistent meeting schedules led to actions not being completed. For example, recommendations made at an Occupational Therapy meeting and at a Health and Safety meeting, both held in May 2025, had not been fully implemented.
- Oversight systems to ensure the designated centre operated in accordance with its statement of purpose required review. This was evidenced by the Quiet Room on each unit being used by staff to facilitate the introduction of a new software system.
- Oversight systems in place has not identified the inappropriate storage of Christmas decorations in the smoking areas, and chemicals and stock in the sluice rooms.
- Oversight of maintenance required review to ensure the centre was clean and suitably decorated. This was evidenced by unclean seating, some flooring in a state of disrepair, and chipped and stained paintwork in areas.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The registered provider had ensured that residents had a contract of care that was appropriately signed, and detailed the room number and occupancy, the services to be provided, and the fees to be paid.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were seen to be handled in line with the centre's complaints policy, and a copy of the complaints procedure was displayed in prominent positions throughout the centre.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the residents living in Birr Community Nursing Unit were receiving a good quality of life. Residents' health, social care, and spiritual needs were met to a good standard. Some areas required further review and attention to improve compliance with the regulations, these included restrictive practice assessments and temporary absence of a resident process.

Staff were observed to communicate appropriately with residents that communication difficulties. They afforded time for the residents to express themselves and did not hurry them. A review of the residents' records showed that when a resident had a communication difficulty, it was appropriately assessed, and all relevant information was recorded in the resident's care plan.

There was evidence that the registered provider had taken measures to protect residents from abuse. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Before commencing employment in the centre, all staff were subject to An Garda Síochána (police) vetting. The provider was a pension agent for six residents and adequate banking arrangements were in place for the management of these finances.

The person in charge ensured that staff had up to date knowledge and skills to respond to and manage responsive behaviour. When a resident behaved in a manner that posed a risk to the resident concerned, or to other persons, this was responded to in a manner that was not restrictive. Staff had undertaken mandatory training in dementia awareness and staff were up-to-date with training in restrictive practice. A register of restrictive practices in use was maintained in the centre. However there were incomplete risk assessments for the use of restrictive practice and this is discussed further under Regulation 7: Managing behaviour that is challenging.

Regulation 10: Communication difficulties

Residents that had communication difficulties and special communication requirements had these recorded in their care plans and were observed to be supported to communicate freely.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents of the centre and this was made available to each resident. Information in the guide was up to date, accurate and easy for residents to understand. The guide included a summary of the services and facilities in the centre, terms and conditions relating to residence in the centre, the procedure respecting complaints and visiting arrangements.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Improvement was required to ensure all relevant information provided relating to residents who were temporarily absent from Birr Community Nursing Unit to the receiving designated centre, hospital or place, was recorded. While inspectors were told that there was an electronically generated transfer letter provided, a copy of this was not available in the records for these residents.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The use of restraint such as bed rails and sensor mats was not in line with the centres policy or the national policy on promoting a restraint free environment. There was a number residents with restraint in place with no evidence that any discussion on the risks associated with bed rails had taken place or that the multidisciplinary team were involved in the consultation.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to safeguard residents from abuse. Training in the safeguarding of vulnerable adults was provided to staff and staff demonstrated an awareness of the need to report. Any allegations or incidents regarding safeguarding of vulnerable adults, were investigated and reported to the appropriate organisations as required.

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 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Birr Community Nursing Unit OSV-0000522

Inspection ID: MON-0041860

Date of inspection: 06/01/2026

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 Person In charge will ensure that all residents' records are stored in locked presses at nurses stations when not in use. Staff will be reminded of their responsibility to maintain the confidentiality and security of residents' records. Compliance will be monitored through management walkabouts.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Person In Charge will review and strengthen governance and oversight arrangement. A consistent schedule of management and MDT meetings is scheduled now, actions will be recorded, assigned and reviewed until completion.</p> <p>Oversight systems are reviewed to ensure all areas of the centre operate in accordance with the Statement of Purpose, including cessation of the use of Quiet rooms for non-designated purposes.</p> <p>Storage practices reviewed to address inappropriate storage in smoking areas and sluice rooms.</p> <p>Oversight of maintenance will be strengthened to ensure the centre is clean, suitably decorated and well maintained.</p> <p>Environmental audits will be completed for all areas with actions addressed in a timely</p>	

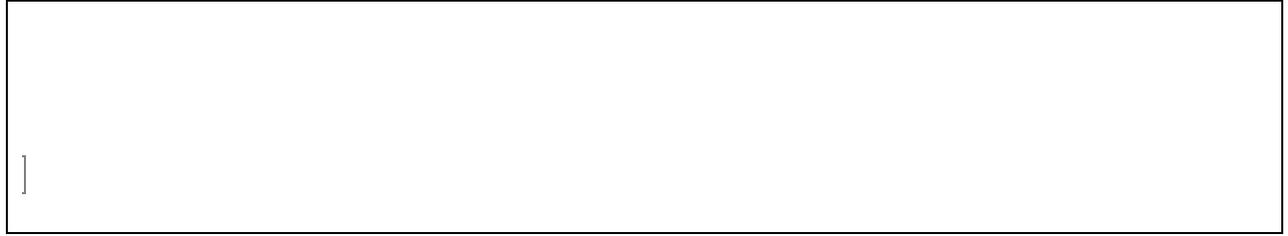
manner.
 Fire drill procedure is being updated to include checking of smoking areas as part of the checks already being done prior to a planned fire drill in the centre to confirm that smoking areas remain free from unnecessary items.
 Whilst the centre remains committed to decorating the suites to reflect important celebrations the procedure for taking down decorations has been reviewed to ensure that maintenance staff are available to facilitate immediate storage of items when they are no longer required and spaces within the resident areas are not used for temporary storage.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
 The Person In Charge will ensure that only electronically generated transfer letters are used for all the temporary absences which will be saved appropriately within the system. The local procedure updated to reflect this practice and staff reminded of their responsibilities

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
 The Person In Charge will review all residents with restraints in place, to ensure that appropriate risk assessments are completed, alternatives are considered and the decision making process is documented. Evidence of consultation with residents/ their representative and involvement of the MDT will be recorded. Restraint use will be reviewed regularly and reduced where possible. Staff will receive refresher training on restraint use and documentation requirements.
 Restrictive practice audits will be completed with actions identified and completed in a timely manner.



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(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	05/02/2026
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	05/02/2026
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that	Substantially Compliant	Yellow	05/02/2026

	all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	24/03/2026