



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

Issued by the Chief Inspector

Name of designated centre:	Edenderry Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Ofalia House, St. Mary's Road, Edenderry, Offaly
Type of inspection:	Unannounced
Date of inspection:	19 November 2025
Centre ID:	OSV-0000525
Fieldwork ID:	MON-0040382

About the designated centre

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

The designated centre is located within walking distance from Edenderry town centre. The centre is a single-story premises and provides accommodation for 28 male and female residents over 18 years of age in single and twin occupancy bedrooms, most with full en-suite facilities. The centre is arranged into two separate areas, on either side of the nicely decorated reception area. Communal sitting and dining rooms are located in both sides of the centre and residents have access to two enclosed gardens. The centre provides long-term residential care, respite, convalescence, dementia and palliative care services. Nursing care is provided for people with low, medium, high and maximum dependency needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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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 19 November 2025	08:45hrs to 15:30hrs	Sarah Armstrong	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector found that overall, residents living in Edenderry Community Nursing Unit experienced a good quality of life and were supported by a team of dedicated staff who understood and promoted their individual will and preferences.

Upon arrival, the inspector met with a clinical nurse manager, who facilitated a walk around the centre. During the walkaround, the inspector had the opportunity to stop and speak with some residents who were already going about their day. Other residents were still asleep or relaxing in their rooms. There was a welcoming atmosphere in the centre throughout the day of inspection and staff were seen to be present and attentive to residents' needs. Following the walkaround, the inspector met with the person in charge and an introductory meeting was held to set out the purpose of the inspection.

Edenderry Community Nursing Unit is situated in the town of Edenderry, Co. Offaly. The centre is a single storey building, with residents accommodation being a mix of single and multioccupancy rooms. There are three units, including one high dependency unit in the centre. The centre was visibly clean and tidy on the day of inspection and residents bedrooms were decorated with their personal belongings. Picture boxes were displayed outside residents' bedrooms which contained photographs and memories specific to the residents in each room. These also helped residents to identify their own bedrooms within the house. Residents had unrestricted access to secure outdoor spaces, which contained safe pathways, suitable seating and well maintained flower beds. There was also a greenhouse which was used by residents who enjoyed gardening.

The centre was found to be warm and bright. On the day of inspection, the maintenance staff was observed painting day spaces and corridors as part of an ongoing programme of work in the centre. There were many homely features throughout the centre. For example, day spaces were furnished with familiar items including dressers filled with ornaments and there were fireplaces, a grandfather clock in the lobby and an old style piano in the sunroom. The centre displayed a wide variety of residents' artwork, including paintings and other arts and crafts which were laid out on tables and displayed on the walls throughout. One resident told the inspector that they were currently helping other residents to make Christmas ornaments and invited the inspector to view the residents' work.

Overall, residents had good access to a variety of meaningful activities and feedback from residents about the activities was positive. One resident who was sitting in their bedroom in the afternoon told the inspector "I'm just resting here for a few minutes before I go down to the exercise class at 3 o'clock. I really enjoy that". Other residents complimented a weekly mindfulness session which was led by another resident. Some residents and visitors told the inspector that a number of

residents attended Mass in the local church at the weekends, and that they enjoyed this as they got to meet with other members of the local community.

The inspector observed the environment to be calm, where residents were supported to go about their day in line with their own wishes. One resident was observed sitting at a craft station for much of the day, making Christmas decorations with clay, other residents were observed sitting reading the daily papers or taking walks independently in the garden. On the day of inspection, residents had access to activities including newspaper reading, music sessions, and Sonas group sessions. In addition to the scheduled activities, the inspector also observed staff engaging residents in other activities, for example, playing basketball and dominoes with residents. At other times, staff were observed chatting with residents in a kind and friendly manner where it was clear that they knew and understood the residents well. Many residents referred to staff by name and many staff had worked in the centre for a number of years.

Residents were complimentary of the staff who cared for them and the overall service they received. One resident said "things are 10 out of 10. I have a comfortable bed, good food, the staff are great. I couldn't ask for better". Another resident told the inspector "I've no complaints. The staff treat me very well".

When asked if they would feel comfortable to raise concerns about the service if they had any, one resident told the inspector "I would. I would be first in line if I was unhappy with anything". Another resident said that they also felt safe to raise concerns and said they had previously raised issues about food options with staff which were promptly addressed to their satisfaction.

The inspector also spoke to visitors on the day of inspection. One relative told the inspector "everything is 100%, the staff are wonderful" adding that the resident was "being really well looked after". Relatives also complimented the communication from staff about residents care needs and told the inspector that there was no restrictions on visiting in the centre.

Some members of staff told the inspector how they had worked in the centre for a number of years. Those who spoke with the inspector said that they enjoyed working in the centre and they felt supported in their roles by the management team and by their peers. Staff confirmed they had good access to a variety of training programmes which they felt supported them in their roles. Some staff did speak of challenges they faced during times of unexpected staff leave, but said that otherwise, they felt there was sufficient staff on duty to ensure that residents needs were appropriately met. The inspector also observed that staff appeared to have a good working relationship and were pleasant and cordial with each other which added to a warm and inclusive environment within the centre.

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

Capacity and capability

This was an unannounced inspection completed over the course of one day by an inspector of social services. The purpose of the inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). During this inspection, the inspector followed up on the compliance plan from the previous inspection conducted in November 2024, and found that the provider had completed all actions committed to as part of the compliance plan. The inspector also followed up items of unsolicited information and statutory notifications submitted to the Chief Inspector since the last inspection.

The provider of Edenderry Community Nursing Unit is the Health Service Executive (HSE). There was a well defined management structure in place. The person in charge had worked in the role since May 2024 and was supported by an assistant director of nursing and clinical nurse managers. A team of staff nurses, healthcare assistants, activity staff, catering, housekeeping, maintenance and administrative staff made up the remainder of the staff complement.

Overall, the inspector found that Edenderry Community Nursing Unit was a well managed centre, where residents were well-treated and received a good standard of person-centred care and support. There was an established governance and management system in place. Generally, there was evidence of good oversight of practices in the centre. However, improvements were required in the oversight of resident records to ensure they were kept safe and secure at all times, and that residents' rights to privacy and dignity were maintained. This is discussed further under Regulation 21: Records. Regular meetings were held with staff, residents and families which demonstrated good communication with all parties about the running of the centre and the service provided to residents. Where required, detailed and timebound quality improvement plans were put in place following meetings and audits to drive ongoing service improvements for residents.

There appeared to be sufficient resources available on the day of inspection. The atmosphere in the centre was relaxed and unhurried. Residents' call bells were observed to be promptly responded to by staff, and residents' feedback referenced how staff were very attentive to their needs and that they were never left waiting for their needs to be met.

A sample of staff files were reviewed by the inspector. The inspector found that all staff had valid Garda vetting in place. Garda vetting was obtained prior to staff commencing their employment in the centre. Staff files contained all information as is required under Schedule 2 of the regulations.

Staff had good access to training appropriate to their roles. The inspector reviewed the training matrix in the centre and found overall good levels of compliance with

the mandatory training. This included training in fire safety, manual handling and the prevention, detection and management of abuse. There were a small number of gaps where some staff were due to complete refresher training, however, there was evidence that this training had already been organised by the registered provider and was scheduled to take place in the near future. Staff working in the centre told the inspector that they had good support in their roles and professional development from the management team, and that they had undergone a detailed induction process upon commencing their employment. There was also evidence available to the inspector that staff were provided regular opportunities for staff appraisals with a member of the management team to help them to develop further within their roles.

Regulation 15: Staffing

The inspector found that there was a good number and skill mix of staff on the day of inspection. Staffing levels took into account the needs of the residents and the layout of the centre. There was a registered nurse on duty in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to suitable training, appropriate to their roles. Appropriate arrangements were in place to ensure that staff working in the centre were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had maintained a Directory of Residents. The Directory included all information as set out in paragraph (3) of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files were reviewed by the inspector and all records were found to meet the requirements of schedule 2 of the Regulations. However, further review was required to ensure that residents' files were at all times kept in a manner which was safe and secure. For example;

- Residents' records which included medical cards, test results and consent forms were kept in folders labelled with residents' names on open shelving at the nurses station on Unit 1.
- Residents' records including bowel and bladder charts were left open and exposed at the nurses station which was not attended at the time.

Judgment: Substantially compliant

Regulation 23: Governance and management

Improvement was required to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example, oversight systems had not identified that;

- Residents records were not secured at all times in the designated centre.
- Some areas used by residents did not have ways of calling for assistance, for example the smoking area had no call bell.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents living in Edenderry Community Nursing Unit were supported to enjoy a good quality of life, where their interests, personalities and wishes were respected and promoted by dedicated staff. Many staff were from the local community and they knew and understood the residents well. Feedback from residents about the service they received was positive.

Residents had access to a diverse schedule of activities and staff were assigned to facilitate activities seven days per week. An activity schedule was displayed in each unit. Residents spoken with expressed a knowledge of what activities were taking place and were able to make informed choices about how they spent their days. Activities on the three units were largely similar on the day of inspection, but were adjusted slightly to suit the interests and capacities of the residents on each unit. For example, residents with higher dependencies had access to more one to one based activities, including therapeutic baths and sensory activities.

The person in charge had ensured that residents' needs were comprehensively assessed on admission to the centre, and again at regular intervals and in response to changes in their condition. Staff showed a good knowledge of residents' assessed needs. The inspector reviewed a sample of seven care plans, including mood and behaviour care plans, food and nutrition, end of life, mobility and safeguarding care plans. All care plans reviewed were found to be person-centred and contained detailed and up-to-date information to guide staff in providing good quality, safe care aligned to residents' needs and preferences. Residents had good access to services provided by medical and health and social care professionals. General practitioners (GP) attended the centre from a local practice twice weekly, or more often if required in response to need. Residents were also supported by timely access to other professionals including a physiotherapist who attended onsite twice per week, speech and language therapists and dietitians. Residents also had access to occupational therapists and tissue viability nurses when required. From a review of residents' records, there was evidence that timely referrals were made to GPs and other health and social care professionals, and recommendations made by professionals were incorporated into residents' care plans in a timely manner.

In general, the premises was designed and laid out to meet the needs of residents living in the centre. The centre was warm, with plenty of natural light and was observed to be clean on the day of inspection. Residents' bedrooms were furnished with their personal belongings and residents spoken with told inspectors they liked their rooms. However, some areas of the centre did not meet the requirements of the regulations. For example, not all areas for use by residents were equipped with call bell facilities. This is discussed in more detail under Regulation 17: Premises.

Residents received appropriate support to enjoy their meals and were observed to be offered a choice at meal times, including residents who required modified diets. Menus were also available in pictorial form for residents who may have difficulty interpreting a written menu or in communicating their preference. Some residents required assistance from staff with their meals, and where this was the case, staff were observed treating residents with respect and dignity and were seated next to residents throughout. Most residents wished to take their meals in the dining room, however some residents wished to eat in other areas, including the sitting room and their bedrooms. This choice was respected by staff, and appropriate supervision was provided for those residents during meal time. Meals were well presented and nutritious and residents had access to refreshments when required.

Regulation 13: End of life

The inspector reviewed a sample of residents' spirituality and end of life care plans and found that these were person-centred and clearly reflected the residents' wishes with regards to the arrangements to be put in place when they reached their end of life.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was well designed and laid out to meet the needs of residents and was generally well maintained. However, further improvements were required to ensure the premises complied with all requirements of Schedule 6 of the regulations. For example;

- Emergency call facilities were not available in all areas used by residents. The inspector found that the residents' smoking area was not equipped with a call bell.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to a safe supply of fresh drinking water at all times and were offered a choice at meal times. Food was cooked on site and food was prepared and served based on nutritional assessment and in accordance with the residents' care plans.

There was an adequate number of staff available to assist residents at meal times.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' health and social care needs were assessed upon their admission to the centre. Care plans were developed in line with residents' comprehensive assessments and were available within 48 hours of admission. Care plans were found to be suitably detailed and were written in a person-centred manner. There was evidence that care plans were reviewed no later than at four monthly intervals, or more frequently where required in response to changes in needs. Residents and their families, where appropriate, were involved in the care planning process.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a medical practitioner of their choosing or who was acceptable to them. Residents also had good access to other health and social care professionals including physiotherapist, speech and language therapist and dietitian.

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 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Edenderry Community Nursing Unit OSV-0000525

Inspection ID: MON-0040382

Date of inspection: 19/11/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • All resident records have been temporarily moved to the nurses' storeroom for safekeeping. • A new locked sheving unit will be installed in Unit 1 nurses station. All residents' records will be kept safely and securely on the locked shelf. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • All resident records have been temporarily moved to the nurses' storeroom for safekeeping. • A new locked sheving unit will be installed in Unit 1 nurses station. All residents' records will be kept safely and securely on the locked shelf. • Emergency call bell will be installed in the smoking area. 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none">• Emergency call bell will be installed in the smoking area.	

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	10/03/2026
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	10/03/2026
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	10/03/2026