Health Information and Quality Authority

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:	Prague House Care Company Limited By Guarantee
Name of provider:	Prague House Care Company Limited By Guarantee
Address of centre:	Chapel Street, Freshford, Kilkenny
Type of inspection:	Announced
Date of inspection:	01 September 2025
Centre ID:	OSV-0005447
Fieldwork ID:	MON-0038804

About the designated centre

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

Prague House is located on Chapel Street, Freshford, Co. Kilkenny. The centre is a two-storey building that is registered to accommodate 15 people. The management of Prague House is overseen by a Board of eight Directors. The centre caters for men and women from the age of 60 years. The statement of purpose states that the centre does not provide 24-hour nursing care, and provides low-medium dependency care 24 hours a day. The statement of purpose states that care is delivered in a homely, comfortable and hygienic environment. The centre manager is employed to work on a full-time basis. Residents do not require 24-hour nursing care, and care is provided by a team of trained healthcare professionals. According to the centre's statement of purpose, all applicants for admission must be mobile, and mentally competent at the time of admission. Each resident is provided with single bedroom accommodation.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14

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
Monday 1 September 2025	09:35hrs to 16:20hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an announced inspection which took place over one day. Over the course of the inspection, the inspector spoke with six residents individually, a group of residents, two visitors and staff to gain insight into the residents' lived experience in the centre. All residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of service provided. The inspector spent time in the centre observing the environment, interactions between residents and staff, and reviewed various documentation. All interactions observed were person-centred and courteous. Staff were responsive and attentive without any delays while attending to residents' requests on the day of inspection.

Prague House is located in the village of Freshford, Co. Kilkenny. Residents had access to the local shops, church, post office, coffee shop, GP's surgery and local community groups.

The design and layout of the premises met the individual and communal needs of the residents'. The building was well lit, warm and adequately ventilated throughout. Residents had access to an open plan dining and sitting room, a separate sitting room, meeting room, conservatory and an oratory. The centre was registered to accommodate 15 residents. The centre was homely and clean, and the atmosphere was calm and relaxed. The building comprised of two levels with the ground floor accessible to residents. The first floor of the building was registered as part of the designated centre but has not been in use since 2022.

Residents were accommodated in 15 single rooms. The centre had two corridors- Achadh Úr and Cascade. 10 bedrooms were on the Achadh Úr corridor and five on the Cascade corridor. Two single rooms had en-suite shower, toilet and wash hand basins. All of the remaining single rooms had wash hand basins. Residents' bedrooms were clean and tidy. Bedrooms were personalised and decorated in accordance with resident's wishes. Lockable storage space was available for all residents and personal storage space comprised of a locker, with build-in drawers and double wardrobes. All bedrooms were bright and enjoyed natural light. Residents had access to two shower rooms, and five toilets.

Residents had access to an enclosed courtyard yard and a garden to the rear of the building. There were hens living in a secure area in the back garden which were cared for by a resident. The centres designated smoking area was located outside opposite the centres conservatory room.

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

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents' stated that the quality of food was excellent.

The daily menu for all meals and snacks was conveniently displayed on a black board in the dining room. Jugs of water and cordial were available for residents in communal areas and bedrooms. The inspector observed the dining experience at dinner time. The dinner time meal was appetising and well present and the residents were not rushed. The dinner time experience was a social occasion where residents were seen to engage in conversations and enjoying each others company.

Residents' spoken with said they were very happy with the activities programme and told the inspector that the activities suited their social needs. The weekly activities programme was displayed in the open planned dining/sitting room. The inspector observed staff and residents having good humoured banter throughout the day and observed staff chatting with residents about their personal interests and family members. On the day of inspection the inspector observed that the residents enjoying a bingo session in the morning and the Monday club in the afternoon which was a music, reminisce and poetry club. The inspector observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. Books, games and magazines were available to residents. The local church was across the road from the centre. Residents told the inspector that they would attend the church regularly for Mass or prayer.

Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved. Residents stated that the person in charge and all of the staff were very good at communicating changes, particularly relating to their medical and social care needs.

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

The inspector found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following the previous inspection in December 2024. Improvements were found to the premises and fire safety. On this inspection, the inspector found that areas of improvement were required in staff records.

The inspector followed up an application to vary condition 1 and vary/remove condition 4 which had been attached to the centres registration to come into compliance with Regulation 27: Infection prevention and control and Regulation 28: Fire precautions. To comply with Regulation 27, the provider has made changes to the foot print of the centre. A staff cloak room had been re-purposed for use as a household store for cleaning staff. A sluice room had been constructed in a section of the previous staff changing room & meeting room. A dividing wall was erected to reduce the size of the meeting room to allow the installation of sluice room with a

small corridor access from Acha ÚR corridor. The provider had applied to extend the date to comply with Regulation 28.

The registered provider had also applied to renew the registration of Prague House Care Company Limited by Guarantee. The application was timely made, appropriate fees were paid and prescribed documentation was submitted to support the application to renew registration.

The registered provider is Prague House Care Company Limited by Guarantee. The company has 10 directors who work in a voluntary capacity. The company chairperson represents the provider in regulatory matters. The company chairperson attended the centre on the morning of the inspection.

The centre provides care for low to medium dependent residents who do not require full time nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The person in charge reported to the board, worked full time in the centre and was supported by an assistant manager and a team of nursing, care and support staff.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the social needs of older persons living in the centre and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. There was a high level of staff attendance at training in areas such as fire safety, manual handling, safeguarding vulnerable adults, and infection prevention and control. Staff with whom the inspector spoke with, were knowledgeable regarding safeguarding, infection control procedures and fire procedures.

All manual records and documentation were well-presented, organised and supported effective care and management systems in the centre. Staff records, as set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), were available to the inspector. Improvements were required in relation to staff files, to ensure that full employment histories and references were in place. This will be addressed under Regulation 21: records.

There were good management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; infection prevention and control, falls, care planning and medication management audits. Audits were objective and identified improvements. Records of board meetings and staff meetings which had taken place since the previous inspection were viewed on this inspection. Board meetings took place six weekly and staff meetings took place quarterly in the centre. Agenda items on meeting minutes included key performance indicators (KPI's), fire safety, training, resident feedback, activities, links with the community and infection prevention. The

person in charge submitted and discussed a report to the board which included items such as staffing, training, audits, and resident feedback. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's meetings and audits.

An annual review of the quality and safety of care delivered to residents took place in 2024 in consultation with residents and their families. Residents and families had been consulted in the preparation of the annual review through surveys and the residents' forum meetings.

Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner.

Judgment: Compliant

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

The registered provider had submitted an application to vary condition 1 and vary/remove condition 4 which had been attached to the centres registration to come into compliance with Regulation 27: Infection prevention and control and Regulation 28: Fire precautions. The required information was submitted with the application.

Judgment: Compliant

Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the residents' needs. There was a minimum of one health care assistant on duty at all times for the number of residents living in the centre at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported by nurse management.

Judgment: Compliant

Regulation 21: Records

Improvements were required with staff records. For example in a sample of four staff files viewed;

- Three of the files did not have a satisfactory history of gaps in employment in line with schedule 2 requirements.
- Two files contained only one reference.

Judgment: Substantially compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Quality and safety

The inspector was assured that residents living in this centre enjoyed a good quality of life. Staff were seen to be respectful and courteous towards residents. There were good positive interactions between staff and residents observed during the inspection. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their social needs.

The inspector viewed a sample of residents' notes and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Care plans viewed by the inspector were person-centred, routinely reviewed and updated in line with the regulations and in consultation with the resident.

There were systems in place to safeguard residents and protect them from the risk of abuse. Staff were supported to attend safeguarding training. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. All interactions by staff with residents were observed to be respectful throughout the inspection. Residents reported that they felt safe living in the centre. The provider was acting as a pension agent for 6 residents living in the centre. The provider had a transparent system in place where pension monies was first used to pay for the cost of the residents care and the balance was given to the resident to spend as they wished.

Improvements were found the centres premises. There were no gaps in plaster boards, store room shelves had been painted with a washable paint, a leak to the roof had been repaired, the ceiling in the lift motor room had been repaired, a ventilation system had been installed and the rear garden was tidy. The inspector found that the overall premises were designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had space for their belongings. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained.

The centre was clean, with good routines and schedules for cleaning and decontamination. Alcohol hand gel was available in all communal rooms and corridors. Personal protective equipment (PPE) stations were available on all corridors to store PPE. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamation. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centres management and staff meetings. IPC audits were carried out by the person in charge. There was an up to date IPC policy which included guidance on COVID-19 and multi-drug resistant organism (MDRO) infections. Intensive cleaning schedules had been incorporated into the regular cleaning programme in the centre. The person in charge was the infection prevention control (IPC) link nurse.

Improvements were found to fire safety since the previous inspection. The paraffin candles had been removed from the oratory. An electrical socket within the press had been enclosed with a safety socket cover. Mechanical extract units and recessed light fittings had been reviewed by a competent person and assurance was received that there was adequate containment of fire. Minor holes and gaps where wires passed through fire rated walls or ceilings were sealing up. The oratory was fitted with a smoke detector to ensure adequate detection and early warning of a fire. The provider had upgraded the fire alarm system. The schedule of zones displayed beside the fire alarm panel accurately reflect the configuration of the building. There were records of all services and periodic inspection reports of electrical as well as fire works.

The provider had effective systems in place for the maintenance of the fire detection, alarm systems, and emergency lighting. There were automated door closures to all bedrooms and all compartment doors. All fire safety equipment service records were up to date and there was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors to ensure the building remained fire safe. Fire training was completed annually by staff and records showed that fire drills took place regularly in each compartment with fire drills stimulating the lowest staffing levels on duty. Records were detailed and showed the learning identified to inform future drills. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents and staff spoken with were familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre.

There was a rights-based approach to care in this centre. Residents' rights, and choices were respected. Resident feedback was sought in areas such as activities and meals. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre and records demonstrated that this service was made available to residents if needed. Residents had access to daily national newspapers, weekly local newspapers, Internet services, books, televisions, and radios. Residents attended Mass in the church across the road from the centre regularly. Residents had access to a Oratory room in the centre. A number of residents had completed a resident's questionnaire sent from the Office of the Chief Inspector prior to this announced inspections to allow residents to provide feedback on what it is like to live in a designated centre. Satisfaction surveys showed high rates of satisfaction with all aspects of the care and service.

Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

Regulation 27: Infection control

The centre had a designated lead for infection prevention and control. There was evidence of adequate resources in place to ensure residents' bedrooms and the centre was cleaned daily and rooms deep cleaned regularly. The inspectors saw that equipment and the environment including residents bedrooms were cleaned to a very high standard.

Judgment: Compliant

Regulation 28: Fire precautions

Measures were in place to ensure residents' safety in the event of a fire in the centre and these measures were kept under review. Fire safety management servicing and checking procedures were in place to ensure all fire safety equipment was operational and effective at all times. Daily checks were completed to ensure fire exits were clear of any obstruction that may potentially hinder effective and safe emergency evacuation. Each resident's evacuation needs were regularly assessed and the provider assured themselves that residents' evacuation needs would be met with completion of regular effective emergency evacuation drills. All staff had completed annual fire safety training specific to Prague House and were provided with opportunities to participate in the evacuation drills.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

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

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups were displayed in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Prague House Care Company Limited By Guarantee OSV-0005447

Inspection ID: MON-0038804

Date of inspection: 01/09/2025

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Prague House has implemented immediate corrective measures to achieve full compliance with all statutory and regulatory requirements related to staff records. 1. Compliance Action Timeline • Corrective actions were commenced on 9th September and fully completed by 19th September 2025. 2. Employment History Verification • All gaps in employment identified in staff files were reviewed and verified. • Documentation for employment history gaps has been updated and recorded in each relevant staff file, ensuring alignment with Schedule 2 requirements. 3. References • The two outstanding references for new staff were obtained, verified, and recorded. • Staff files now contain the minimum of two satisfactory references, meeting regulatory expectations. 4. File Audit and Quality Assurance • A full audit of all staff files was undertaken in October 2025 to ensure completeness and compliance with Schedule 2. • Each file now contains verified records of Garda vetting, employment history, without gaps, qualifications, and mandatory training. • HR has established a review process to maintain ongoing compliance.	

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(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	22/10/2025