



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

Issued by the Chief Inspector

Name of designated centre:	Gahan House
Name of provider:	Graignamanagh Elderly Association Company Limited by Guarantee
Address of centre:	Gahan House, High Street, Graignemanagh, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	04 November 2025
Centre ID:	OSV-0000545
Fieldwork ID:	MON-0048084

About the designated centre

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

Gahan House is located in the picturesque town of Graiguenamanagh in Kilkenny. The centre is a two-storey building that is registered to accommodate 12 people with all resident accommodation and communal space on the ground floor. The management of Gahan House is overseen by a board of six directors. The centre caters for men and women from the age of 60 years. 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 with one nurse employed for 16 hours per week. 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. Residents whose needs change and evolve will be supported to find alternative, more suitable long term care accommodation.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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 4 November 2025	09:50hrs to 16:15hrs	Mary Veale	Lead

What residents told us and what inspectors observed

There was a calm and welcoming atmosphere in the centre over the course of the inspection. The inspector met with the majority of the residents living in the centre, and spoke with six residents in more detail to gain a view of their experiences in the centre. Residents were highly complimentary of the staff and the services they received. Residents' told the inspector that the staff 'were wonderful' and that they felt safe in the centre. One resident told the inspector that it was like living in a five star hotel.

Gahan house is located in the village of Graiguenamanagh in Co. Kilkenny. Residents had access to the local shops, church, GP's surgery and local community groups. The centre was registered to accommodate 12 residents. There were 12 residents living in the centre of which one resident was in hospital at the time of inspection.

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 a large dining and living space, a small sitting room, an oratory and a smoking room. A large flat screen television had recently been installed in the living space. The centre was homely and clean. The building comprised of two levels with the ground floor accessible to residents. The first floor of the building contained staff facilities and an office space.

Residents were accommodated in 12 single bedrooms with access to shared toilet and shower facilities. Bedrooms had comfortable seating and were personalised with family photographs and items from home, such as paintings, furniture, bedding and ornaments. Each bedroom had a wash hand basin, a television and locked storage. Residents whom the inspector spoke with were pleased with their personal space. All bedrooms were bright and enjoyed natural light.

Residents had access to an outdoor seated area to the front of the centre, a front garden and a garden to the rear of the building. The gardens were tidy, well-maintained and had level tarmac paths. During the inspection day, residents were seen going for walks on the grounds. The centre had a decking area to the rear of the centre, with garden furniture accessible from the open plan sitting and dining room. There was closed-circuit television (CCTV) on the exterior of the building.

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 menus for all meals and snacks were displayed in the dining room. 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. Late in the afternoon the residents were observed enjoying scones and tea following a social activity.

The centre's healthcare assistants coordinated activities for the residents. In the morning residents participated in a group exercise session and a general knowledge quiz. In the afternoon, the inspector observed a bingo session where some of the residents' friends from the adjoining bungalows attended. This was followed by refreshments where residents were observed deep in conversations and laughter discussing current affairs. Residents who spoke to the inspector expressed satisfaction with the entertainment, activities, and outings available, and they gave high praise for a recent outings to a local garden centre, a local restaurant, and a visit to a local hotel for refreshments.

Residents had access to radios, television and Internet services. There were advertisements within the centre for independent advocacy services. Residents could receive visitors in the centre's communal areas, their bedrooms, or the smaller sitting room. Roman Catholic Mass was celebrated in the centre weekly. Outside of mass, the centre's oratory provided a space for prayer and quiet reflection.

There was an on-site laundry service where residents' clothing, towels and bed linen were laundered. This area was observed to be clean and tidy, and its layout supported the functional separation of the clean and dirty phases of the laundering process. Residents spoken with were complimentary about the laundry service received in the centre.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts the quality and safety of the service being delivered.

Capacity and capability

The inspector found that overall 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 October 2024. Improvements were found in staff training, care planning and infection prevention and control. On this inspection, the inspector found that areas of improvement were required in relation to governance and management and the premises.

The registered provider is Graignamanagh Elderly Association Limited by Guarantee. The company has six directors who work in a voluntary capacity. The company chairperson and the person in charge represent the provider in regulatory matters.

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 who is a nurse, and a team of 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 needs of older persons in their care 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.

Improvements were found in the centres audit system since the previous inspection. 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 meetings which had taken place since the previous inspection were viewed on this inspection. Agenda items on meeting minutes included key performance indicators (KPI's), fire safety, training, resident feedback, activities, links with the community and infection prevention. 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. Notwithstanding this good practice, further improvements were required in the oversight of the changes in the footprint of the centre. This is discussed further under Regulation 23: Governance and management.

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.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding, 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 management.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Audits were routinely completed and scheduled, for example; falls, infection prevention and control. 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.

Notwithstanding these good practice further improvement was required to ensure that accurate floor plans were submitted to the office of the Chief Inspector. For example:

- On the previous inspection, the inspector observed that storeroom 27 was partitioned into a large storeroom for the cleaning cart and household chemicals, a smaller storeroom for dried food, and a lobby area connecting these two rooms.
- On this inspection, it was observed that there was no low wall on the corridor outside the day space. The laundry and laundry ironing room was one open space and not two separate rooms as reflected on the floor plans the centre is registered against.

Judgment: Substantially compliant

Quality and safety

The inspector was assured that residents living in this centre enjoyed a good quality of life. Staff were observed 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 did not act as a pension agent for any of the residents living in the centre.

Improvements were found in the centres premises since the previous inspection. Mobile call-bell devices were available to residents in all bedrooms and communal areas. Residents who were a known risk of falls had access to a mobile call-bell. A resident who was at risk of forgetting to have the call-bell with them, had a risk assessment in place to manage this risk. 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 had 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 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 contamination. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centres staff meetings. IPC audits were carried out by the person in charge. There was an up to date IPC policies 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. Notwithstanding this good practice, further improvements were required in infection prevention control. This is discussed under Regulation 27.

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. Mass took place in the centre each week. Residents had access to an Oratory room in the centre.

There was a comprehensive centre specific policy in place to guide care staff and nursing staff on the safe management of medications; this was up to date and based on evidence based practice. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centres guidelines. Reconciliation of medications was completed by the nurse when a resident was admitted to the centre or returned from hospital. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

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

Action were required to ensure the environment was as safe as possible for residents and staff. For example:

- There was no hand wash sink in the laundry.
- Some surfaces throughout the centre were observed to be damaged and, therefore, could not be effectively cleaned; for example, a counter top in the laundry and a sink surround in a bedroom had exposed chipboard.
- A review of the centres flooring was required as areas of the floor were observed to be damaged and worn.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

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 social needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents.

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, Internet, television and radio was available. Details of advocacy groups was on display 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Gahan House OSV-0000545

Inspection ID: MON-0048084

Date of inspection: 04/11/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Contacted architect re floor plans and a new set will be drawn up and submitted.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> . Hand sink has been installed in the laundry.14/12/2025 . Counter tops with exposed chip board will be replaced. . Damaged and worn floor have been replaced. 19/12/2025 	

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 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	05/01/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	05/01/2026