



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

Issued by the Chief Inspector

Name of designated centre:	Cois Abhainn Residential Centre
Name of provider:	Health Service Executive
Address of centre:	Greencloyne, Youghal, Cork
Type of inspection:	Unannounced
Date of inspection:	21 January 2026
Centre ID:	OSV-0000583
Fieldwork ID:	MON-0048681

About the designated centre

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

Cois Abhainn Residential Care is a designated centre operated by the Health Service Executive (HSE) and is located within the outskirts of Youghal town with nearby amenities of shops, banks, churches and walkways. It is registered to accommodate a maximum of 26 residents. It is a single storey building configured in a rectangle which encloses a large garden with walkways, shrubberies and flower beds. The enclosed garden can be viewed from many of the bedrooms. Bedroom accommodation comprises single and twin bedrooms, all with wash-hand basins. There are six communal toilet facilities; two twin bedrooms have en suite toilet and wash-hand basins; two twin bedrooms share toilet and wash-hand basin facilities. There are two showers and one bathroom facilities available. Communal areas comprise a day area to the left of reception and the dining area located to the right of main reception; there are two other smaller sitting rooms and an oratory for quiet reflection. Cois Abhainn Residential Care provides 24-hour nursing care to both male and female residents whose dependency range from low to medium care needs. Long-term care, convalescence, transitional care and respite care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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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 21 January 2026	09:00hrs to 17:10hrs	Louise O'Hare	Lead

What residents told us and what inspectors observed

The inspector spoke with 11 residents during this one day unannounced inspection to gain an understanding of their experience of living in Cois Abhainn Residential Centre. Overall, feedback from residents was very positive, one resident told the inspector "I'm overwhelmed by the attention I'm getting here". Another resident said the staff "know us well and know what I like". Residents spoke highly of the staff in the centre describing them as "wonderful" and "very obliging". From speaking with staff, it was clear to the inspector that they knew residents and their preferences well. The inspector met one visitor during the inspection who also gave positive feedback of their experience.

On arrival to the centre, the inspector was informed of a suspected outbreak of acute respiratory illness. The inspector wore a mask as requested during the inspection, before conducting an initial walkaround with the clinical nurse manager (CNM) who was deputising for the person in charge on the day of inspection. The atmosphere in the centre was calm and relaxed. Three residents were enjoying breakfast in the dining room, while a number of residents were relaxing in their bedrooms or one of the two sitting rooms. The centre was visibly clean throughout and well decorated.

Cois Abhainn is a single storey premises which is laid out in a rectangular shape with corridors surrounding a central garden. The entrance to the centre opens into a bright foyer, leading to the dining room and sitting room on either side. An information board in the foyer displayed the centre's complaints procedure, as well as information on accessing independent advocacy services. The foyer had an alcove with comfortable seating looking into the garden. The garden was well maintained, with seating and footpaths to enable residents to enjoy the outdoors. A number of bird feeders were in use around it, and one resident told the inspector how much they enjoyed being outside early every morning and maintaining the garden. Since the previous inspection a smoking shelter had been installed for residents behind the building. Access to this was unrestricted and it was equipped with a call bell, fire extinguisher and fire blanket.

Inside the premises, there were handrails along each corridor, which were a contrasting colour to the walls, making it easier for some residents to use safely when walking. Artwork was displayed throughout and a mural of a traditional farming scene was displayed in one corridor. Residents had access to a dining room, two sitting rooms and an oratory. Bedroom accommodation consisted of 18 single rooms, each with a wash-hand basin, and four twin rooms. Twin bedrooms had access to shared toilet facilities. A number of communal toilet facilities were available as well as two shower rooms and one assisted bathroom. Some residents' bedrooms were noted to be small, but met the requirements of the regulations. All

rooms had lockable storage, access to a call bell and double wardrobes. Bedrooms were personalised with photographs and other memorabilia.

Residents spoke highly of the staff working in the centre. The inspector was told that one staff member had supported two resident's community involvement by enabling them to participate with a local school in a "Gaisce" programme (a personal development programme for young people), which they had enjoyed. Other residents described staff as kind and "very good to us". However, one resident told the inspector that staff were very busy at times, while another felt that some staff were "not appreciated".

Residents who spoke with the inspector had been informed of the outbreak and the reasons for staff following infection control protocols. Residents told the inspector that they felt safe living in the centre. Some residents said they felt safe raising issues with staff while others said they could go to the person in charge's office and raise issues directly with them. Residents told the inspector they were satisfied with how issues were dealt with. However, one resident told the inspector they felt there were some issues between staff and management, and they were upset this year as the normal Christmas gift giving arrangement was changed without prior discussion with residents.

The inspector observed the dining experience at both breakfast and lunch, and saw that it was relaxed and sociable. There were sufficient staff available to offer assistance as needed. Lunch was served at one o'clock, and residents could eat in the dining room or their bedrooms if they chose. The dining room was bright and spacious with windows on both sides offering views to the front of the building and the gardens. The menu for the day was displayed prominently, and staff were observed to offer residents choice. Residents spoke highly of the food, describing it as "fantastic" and "very good". However, one resident said that dinners could sometimes be cold. The inspector observed that a selection of drinks were available for residents throughout the day.

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

Capacity and capability

This was a one day unannounced inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) regulations as amended. The inspector also followed up on information received since the previous inspection.

Overall, the inspector found that this was a good centre where residents received a good standard of care from a team of staff who knew them well. However, action

was required in regards to safeguarding, care planning and governance and management.

The Health Service Executive (HSE) is the registered provider of Cois Abhainn Residential Care, which provides accommodation to low or medium dependency residents. The inspector was told that three beds were dedicated to people who required respite, and the remainder were for residential care. It is registered to accommodate 26 residents. Residents whose dependency levels increased significantly were required to move to an alternative centre, and this was stated in their contract of care. The management structure included the general manager for older person services, who was also the registered provider's representative at the time of inspection. The local management team consisted of the person in charge and the director of nursing. Since the previous inspection a CNM had also been put in post and was deputising for the person in charge on the day of inspection. They were further supported by a team of registered nurses, multi-task attendants, a chef and clerical officers. However, the senior manager for the centre was not named as a person participating in management, and a restrictive condition was in place which stated "The registered provider shall, by 31 October 2024, submit to the Chief Inspector the information and documentation set out in Schedule 2 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 as amended in relation to any person who participates or will participate in the management of the designated centre." This had not been completed on the day of inspection.

Due to non-compliance in safeguarding on four inspections since 2023, a further restrictive condition was placed on the centers registration in relation to safeguarding. Condition 4 states that "By 31 August 2024 the Registered Provider will review their governance and oversight of all safeguarding issues to ensure that they are appropriately addressed and escalated within the organisation." The provider had applied to remove this condition on the 12th November 2024. However, previous inspections of the centre did not demonstrate that sufficient action had been taken and sufficient progress had been made in relation to safeguarding of residents and this application was refused by the chief inspector. While a number of improvements had been noted the inspector identified further issues with safeguarding on this inspection which required action and will be detailed further in the quality and safety section of this report.

There was a quarterly schedule of audits in place in the centre, focusing on topics including infection prevention and control, documentation and restrictive practice. The inspector noted that documentation of analysis of audits, and of action taken and outcomes had improved. The person deputising for the person in charge was unable to provide the inspector with key performance indicators on the day of inspection. These were received as requested following the inspection.

On the day of inspection there was sufficient staff to meet the assessed needs of residents in the centre. The inspector saw from documentation, and from speaking to staff, that staff meetings took place. The inspector received mixed feedback from staff on whether they were able to raise concerns as required by the regulations.

Regulation 15: Staffing

On the day of inspection, there were 20 residents with low to medium dependency levels living in the centre. There was a minimum of one registered nurse rostered on duty at all times. The inspector saw from a review of records and speaking to staff that there were two nurses scheduled on six days a week with one nurse on a Sunday. The inspector was informed that Sunday staffing was under review. There were two multi-task attendants rostered on seven days a week. An additional multi-task attendant was rostered on three days a week for deep cleaning. There was a chef rostered on five days a week and this post was covered by a multi-task attendant on their days off. Additionally both the person in charge and CNM were rostered on five days a week.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector saw records which indicated that staff were up-to-date with mandatory training. Training was scheduled going forward to ensure that staff knowledge remained current.

Judgment: Compliant

Regulation 23: Governance and management

The centre had two restrictive conditions attached which had not been addressed by the provider at the time of the inspection and further action is required.

- Condition 4, stated that "By 31 August 2024 the Registered Provider will review their governance and oversight of all safeguarding issues to ensure that they are appropriately addressed and escalated within the organisation." While some action had been taken, the requirements of this condition were not fully met and further action is required to ensure consistent compliance with the regulations as detailed under Regulation 8: Protection.
- Condition 5 stated that: "The registered provider shall, by 31 October 2024, submit to the Chief Inspector the information and documentation set out in Schedule 2 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 as amended in relation to any person who participates or will participate in the management of the designated centre."

This had not been completed by the registered provider at the time of inspection and action was required.

Judgment: Not compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incident records. Notifiable incidents and quarterly reports were submitted to the office of the Chief Inspector in line with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed prominently in the centre, and included information on accessing independent advocacy services to support residents to make a complaint. The inspector saw records which indicated that recorded complaints were managed in line with the centre's procedure.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were supported to have a good quality of life in Cois Abhainn Residential Care and residents told the inspector that they generally felt safe living in the centre. The inspector saw that the provider had ensured that residents had good access to appropriate medical and health care. However, some improvement was required in the areas of care planning and safeguarding as detailed under the relevant regulations.

Residents in the centre had access to a medical officer who attended twice a week. The inspector saw evidence of referral and reviews by health and social care professionals, such as physiotherapy and speech and language therapy. These reviews and recommendations were incorporated into residents care plans. Care plans were maintained on a paper based system. The inspector reviewed a sample of these and found that a range of validated assessment tools were used to direct care planning. While the majority of care plans seen were person-centred and

detailed enough to direct care, further action was required as detailed in Regulation 5: Individual assessment and care plans.

The inspector saw that the centre's safeguarding policy was up-to-date. The centre had two designated safety officers, one of whom was present on the day of inspection. All staff were up-to-date with safeguarding training. Staff and resident interactions observed throughout the day were kind, unhurried and respectful. Residents told the inspector that they felt comfortable raising issues with staff and that they felt safe living in the centre. There was a low use of restrictive practice in the centre. Residents had unrestricted access to all communal areas and could also exit the centre independently. The inspector saw a sample of records which indicated that incidents of alleged or confirmed abuse were notified to the office of the Chief Inspector correctly by the person in charge. However, the inspector noted a delay in incidents of safeguarding being recognised by the team as such and reported to the person in charge. This is detailed under Regulation 8: Protection.

Residents told the inspector that they had choice about how to spend their day and that this was respected. Activities were scheduled over seven days in the centre. A range of external providers attended the centre across seven days a week. Residents had access to a range of media and were supported to access independent advocacy services. Residents meetings were held every six to eight weeks in line with the centre's statement of purpose. The inspector noted that it had been identified in a number of audits during the year that residents did not have access to outdoor activities. Minutes of residents' meetings seen by the inspector showed that residents had also raised this as an issue and that the person in charge stated trips would be organised. The inspector was told there was a plan for an upcoming trip to a local garden centre.

Regulation 11: Visits

The centre had an up-to-date visitors policy in place which met the requirements of the regulations. The inspector noted that visiting was facilitated during the outbreak.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While the majority of care plans seen were sufficiently detailed to direct care, some gaps in documentation were seen that required action, as evidenced by one resident's care plan which did not include key details such as a recent significant medical event and date of last catheter change. This could potentially lead to errors in care.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had ensured access that residents had access to medical care and health and social care professionals. Residents had access to a medical officer who attended the centre two days a week. The inspector saw that referrals to services such as physiotherapy and speech and language therapy were sent as appropriate and recommendations were incorporated into residents' care plans.

Judgment: Compliant

Regulation 8: Protection

Further action was required to ensure safeguarding concerns were consistently reported in a timely manner as evidenced by:

- Two notifications received from the centre indicated delays in recognising or reporting possible safeguarding concerns to management. This led to delays in investigating and implementing appropriate safeguarding measures.
- Safeguarding concerns have been an ongoing issue in the centre, requiring a restrictive condition attached to the centre's registration, and this condition has not been met. This is actioned under Regulation 23: Governance and management.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Activities were scheduled over seven days a week, residents also had access to a range of media and were facilitated to access independent advocacy services.

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	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cois Abhainn Residential Centre OSV-0000583

Inspection ID: MON-0048681

Date of inspection: 20/01/2026

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>As per the Governance structure of Cois Abhann Residential Centre, the CNM 3 is the PIC. In the absence of Director of Nursing, the person in charge is supported by the general manager with responsibility for the geographical area of Community Healthcare Area (CHA) 6, Youghal, Midleton and Cloyne who is also the PPIM.</p> <p>The general manager for CHA 6 is listed as the person participating in management, and the relevant forms have been submitted to HIQA to confirm same.</p> <p>The action plan to ensure the protection of residents related to safeguarding concerns is outlined under the compliance plan of Regulation 8.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The requirement to update care plans in line with the change of condition of a resident has been reiterated to all nurses and they will be reminded of same on an ongoing basis. Care plans are scheduled to be reviewed by lead nurses every 4 months or as the Resident's condition changes, as per the legislation and regulations.</p> <p>Per the audit schedule, audit will be conducted on care records, and the findings will be reviewed by the PIC and CNM. In addition, an audit will be conducted by the PIC or CNM</p>	

on care records, following re-admission of residents from hospital or on an occasion of significant change in the condition of a resident to ensure compliance with the regulations.

The care plan, indicated above, was reviewed to reflect the current condition of the resident.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

All staff have attended mandatory training on Safeguarding Vulnerable Adults on HSEland. Potential risk is identified and managed by risk assessment, staff awareness, and residents' awareness.

The Safeguarding and Protection team members facilitated an onsite workshop for staff in Cois Abhann Residential Centre. Management of all safeguarding in the Centre will be addressed with additional designated officer training. The clinical nurse manager is to attend Designated Officer Training for Safeguarding. Further training will be scheduled in this regard.

All staff members have also been informed that it is their responsibility to report concerns on time and as per regulations. The importance of reporting safeguarding concerns in a timely manner was communicated to staff members. Safeguarding is included in the daily safety pause and as an agenda for staff and resident's meetings.

Staff members and management team are aware of the services available from the Safeguarding and Protection Team to assist them in dealing with any safeguarding concerns. The helpline number of the Safeguarding and Protection Team is readily available and accessible to staff in the staff office.

The PIC and A/CNM2 consult with residents informally and ensure their safety on a daily basis. The PIC or deputy investigates any kind of abuse reported by staff, residents, or relatives as per the safeguarding policy.

Arrangements are being made for the regular Resident's Committee, to be chaired independently, exclusively with an independent chair and residents. We will link with advocacy services in this regard.

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)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	30/04/2026
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.	Not Compliant	Orange	30/04/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Substantially Compliant	Yellow	18/02/2026

	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/03/2026