



**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:	D'Alton Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Convent Road, Claremorris, Mayo
Type of inspection:	Unannounced
Date of inspection:	05 December 2025
Centre ID:	OSV-0000643
Fieldwork ID:	MON-0044678

About the designated centre

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

The D'Alton Community Nursing Unit is under the management of the Health Service Executive (HSE). It is a purpose-built single-storey building and can accommodate 29 residents. It is situated approximately one kilometre from the town of Claremorris, Co. Mayo. Nursing care and the services of a multidisciplinary team are provided to residents who require long-stay care or periods of respite care. Residents who have increasing physical frailty, people living with dementia and others requiring assistance with mental health or palliative care needs are accommodated. Day care is provided two days per week, and there is a separate space and staff allocated to this service. Accommodation is provided in 19 single and five twin rooms. The centre provides a home-like environment, is well-maintained, and there is adequate dining and sitting room space available to meet the needs of residents accommodated. Outdoor space comprises of two courtyard gardens. The philosophy of care is to provide a safe and home-like environment that enables residents to live their lives in a safe, secure and supportive environment, enabled by staff who promote their health, independence, individuality and choices.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
--	----

I

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
Friday 5 December 2025	09:00hrs to 16:00hrs	Celine Neary	Lead

What residents told us and what inspectors observed

Overall, the inspector observed that residents' rights were supported by a team of staff who knew them well. The inspector met with many residents and their feedback was very positive regarding the service they received and their lived experiences in D'Alton Community Nursing Unit.

There was a calm and relaxed atmosphere in the centre and the inspector observed that staff, and residents chatted and laughed together throughout the day. It was evident that residents trusted staff and they had built positive relationships together. Residents who spoke with the inspector confirmed their observation, which included "They look after me well here", "I'm happy here" and "I feel safe here".

On arrival at the centre, the inspector met with the person in charge. The inspector did a walk-around of the premises. The inspector observed that staff were working hard to provide care and support to the residents and were kind and empathetic in their interactions with the residents they cared for.

Some residents were spending time in their bedrooms and some were having their care needs attended to by staff, while others were in the communal areas of the centre. The inspector observed that staff and resident interactions were person-centred and respectful. Call-bells were responded to by staff in a timely manner. Following the walk around, the inspector met with the person in charge to get an overview of the care needs of current residents, and the services provided.

There are various communal spaces within the centre, including sitting rooms and an oratory. Residents also had unrestricted access to two enclosed courtyards which contained trees and colourful flowerbeds. The inspector observed that whilst some areas of the courtyard were in need of repair, they were generally well maintained.

Overall, the general environment, including residents' bedrooms, communal areas and toilets, were clean and odour free. Alcohol hand-gel dispensers were available for use on the corridors, and staff were seen to use good hand hygiene techniques. Flooring had been replaced in several area's since the last inspection, including one communal sitting room and the house keeping store room.

Bedroom accommodation was provided in a mixture of single and twin-occupancy rooms. Residents had wardrobes and lockable storage. Overhead hoists were in place in all rooms to enable safe moving and handling. Many residents' bedrooms were personalised with their belongings, such as their photographs, books and ornaments. Two residents told the inspector that their bedrooms "could be bigger" and that "there's not enough space to store my belongings".

During the inspector's walk around they observed two doors which contained brass latches with hooks that were in use to keep doors open. As these doors were fire

doors this created a risk that in the event of a fire, it would not be contained due to these doors being fixed open. These were removed on the day of inspection. The inspector also found that many doors were unlocked, such as store rooms, the sluice room and the laundry. As these rooms contained equipment and supplies, this created a risk of injury or harm to residents who may enter these rooms unattended.

Drinks and snacks were offered to residents throughout the day. The inspector spoke with the chef and catering staff on duty and they could clearly explain their processes in producing meals for residents that had special dietary requirements. They were knowledgeable in their roles and knew all the residents that required special diets, such as modified, diabetic and fortified. The inspector observed that the lunch time dining experience was a busy occasion. The dining room was small in size, which made it difficult for staff to circulate within this area. This was further impacted by the use of large comfort chairs for some residents. Some residents ate their meals in the communal areas or their bedrooms, at their own request and preference.

Residents commented positively about the quality of food provided in the centre. The inspector observed that the food provided appeared nutritious and well presented. Many staff remained with residents at all times, and there was enough staff to assist residents during mealtimes. Staff were observed supporting residents in a kind and gentle manner. Menus were displayed in written and pictorial format.

The inspector observed several activities taking place for residents in the communal day room. There were also photographs of events and trips taken by residents to various places in their community, such as a garden centre and a hotel.

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

Capacity and capability

Overall, this was a well-managed centre. The registered provider had maintained good levels of compliance with the regulations; however, there were some areas of non-compliance, which are discussed further under the relevant regulations in this report.

This was an unannounced inspection and was completed over one day. The purpose of this inspection was a safeguarding focused inspection to review the measures the provider had in place to safeguard residents from abuse in the designated centre.

The Health Service Executive (HSE) is the registered provider for D'Alton Community Nursing Unit. There was a clearly defined management structure in place. The

senior management team consists of a general manager, a manager of the older persons service and a person in charge.

The person in charge was supported by a clinical nurse manager, who provided management support and deputised for the person in charge, when absent. The inspector was assured that there were enough nursing staff and health care assistants on duty to meet the care needs of residents. However, a number of healthcare assistant roles were vacant at the time of inspection. There was an over-reliance on agency staffing to cover these roles. This was not sustainable and created an added workload on the permanent staff within the centre. This was further impacted by short and long-term sick leave and planned leave available to permanent staff.

There were appropriate systems in place to oversee the service and the quality of care, including audits and key performance indicators. The inspector viewed a sample of clinical audits and found that any actions required to increase compliance were recorded and addressed. An annual review of the service was completed and it included the views and feedback of residents.

Staff had good access to training and consequently were up-to-date with training in safeguarding of vulnerable adults, fire prevention and manual handling. However, from observations, the inspector found that greater supervision of staff competency and practices was required.

The inspector reviewed a sample of residents' contracts and found them to be in line with the regulatory requirements.

There was a low number of accidents and incidents involving residents in the centre and arrangements were in place to ensure appropriate actions were taken to mitigate risk of recurrence and that any areas of learning identified were implemented. All incidents involving residents, as specified in the regulations that required notification, were notified to the office of the Chief inspector of Social services.

Regulation 15: Staffing

Although, there was an over-reliance on agency staff, this inspection found that, staffing levels were appropriate to meet the needs of the residents living in the centre. The roster reflected the staff on duty on the day of inspection and demonstrated that there were sufficient numbers of staff available, when considering the size and layout of the centre, and the needs of residents. There was a registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Notwithstanding that all mandatory training was up-to-date, greater supervision by nursing staff of health care staff, particularly staff not familiar with the centre, was required. This was evident from the inspector observing health care staff performing a hoist transfer for one resident. The inspector observed that this procedure was not carried out in a safe or respectful manner. In addition, the inspector observed some inappropriate staff practices in the centre with respect to fire safety, which could compromise the containment of fire in the event of an emergency.

Judgment: Substantially compliant

Regulation 21: Records

A review of a sample of four staff files, relating to Schedule 2 of the regulations, found that two staff did not have references from their most recent employer.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider did not ensure that the centre had sufficient staffing resources allocated to ensure the effective delivery of care in accordance with the statement of purpose (SOP). For example:

- There were three vacant health care assistant roles which were being covered by agency staff. These vacancies were further impacted by planned and unplanned leave of five staff. Over a one week period, agency staff covered nursing roles on four days out of the seven and three agency health care assistants covered roles on seven days.

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided; however, not all of these systems were effective in identifying areas that required improvement. For example:

- There was inadequate oversight of staff supervision, fire safety precautions, management of staff-related records and premises.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a random sample of residents contracts of care and found that they met the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures on the matters set out in Schedule 5.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were effectively managed in line with the requirements of regulation 34. The centre had a complaints policy and procedure which outlined the process of raising a complaint. The procedure was available in several formats, and it was displayed throughout the centre. A record of complaints was maintained and these records detailed investigations into the complaint, the outcome and the complainant's level of satisfaction with the outcome.

Judgment: Compliant

Quality and safety

Overall, this inspection found residents' were satisfied with their care, supports and the staff who cared for them. Residents' rights were respected by staff and the provider ensured that residents were kept central to service provision and were facilitated to enjoy fulfilling and meaningful lives in the centre. Staff knew residents well and were attentive to their needs for assistance.

The centre was clean, warm, bright and well-decorated throughout. However, some parts of the centre were found to require repair or maintenance input to ensure it

was safe and comfortable for the residents living in the centre. This is discussed further under Regulation 17: Premises.

Measures were in place to safeguard residents from abuse, and residents confirmed they felt safe in the centre. There was a clear policy in place in relation to the detection of abuse and safeguarding the residents. Staff had completed up-to-date training in the prevention, detection and response to abuse. Staff who spoke with the inspector were knowledgeable regarding the reporting arrangements in the centre and clearly articulated their responsibility regarding reporting any concerns they may have regarding the residents' safety.

The inspector found that there was a low use of restraint in the centre and the national restraint policy guidelines were implemented. Residents were provided with support that promoted a positive approach to responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). On discussion with the inspector, staff were familiar with appropriate interventions for individual residents and had good knowledge of individual needs. A restraint-free environment was promoted in this centre and in line with national best practice.

Residents were supported to speak freely and provide feedback on the service they received. Residents who had difficulty communicating were well supported. Issues brought to the attention of staff were addressed. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services. Residents meetings were held to include and involve residents in the planning and services provided within their own home. Activities were provided in line with residents' capacities and capabilities. Several outings had taken place throughout the year and residents expressed their enjoyment regarding these day trips out of the centre. Residents and staff were busy preparing for their upcoming Christmas celebrations.

Regulation 10: Communication difficulties

The inspector found that residents' communication needs were assessed, and a person-centred care plan was developed for those residents who needed support. Residents with visual and hearing impairments were supported.

Judgment: Compliant

Regulation 17: Premises

Notwithstanding the many refurbishment works completed since the last inspection, some areas of the premises still required attention, such as the flooring in several

bedrooms in the back corridor area of the centre, which were visibly worn and marked.

The external grounds in one courtyard garden were not suitably maintained, and as a result, were not safe for residents to use. Artificial grass was in need of repair as it posed a trip hazard to residents.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had a good choice of food available to them, and they had access to drinks and snacks whenever they wanted. Meals provided appeared nutritious, plentiful and were well presented. All special dietary requirements were appropriately provided for, and enough staff were available to assist and support residents at mealtimes. Dining was a sociable experience for residents who attended their dining room.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had not ensured that adequate precautions were in place against the risk of fire. For example;

- four doors were held open by a hook and latch. This posed a risk that fire and smoke would not be contained in the event of a fire emergency. These were removed on the day of inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Measures were in place to ensure residents were protected by safe medication management, procedures and practices. A sample of medication charts were reviewed. The inspector found that all medications had been consistently administered as prescribed.

All residents' medicines were signed by their general practitioner (GP). Temperature-sensitive medications were stored in a refrigerator, and the temperature was checked daily.

Medicines, including those controlled by misuse of drugs legislation, were stored securely. Balances of controlled medicines were checked by two staff nurses at change over of work shifts.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care documentation and found that assessments and care planning was sufficient to ensure each residents' health and social care needs were identified and were sufficiently detailed to guide care delivery.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A very small number of residents experienced intermittent responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were observed to maintain a positive and supportive person-centred approach with residents who experienced responsive behaviours. Behaviour support care plans were in place for residents predisposed to responsive behaviours to inform the most effective de-escalation techniques, and ways to respond to their behaviours. A low number of restraints were in use and where they were in use, the need for their use was risk assessed and discussed with residents or their nominated representatives.

Judgment: Compliant

Regulation 8: Protection

Measures to ensure residents were safeguarded from risk of abuse were in place and the procedures to be followed by staff were set out in the centre's policies. These measures included arrangements to ensure all incidents, allegations or suspicions of abuse were addressed and managed appropriately to ensure residents were safeguarded at all times.

All staff were facilitated to complete safeguarding training on safeguarding residents from abuse. Staff who spoke with the inspector clearly articulated their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the centre's reporting structures.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were provided with opportunities to be involved in the running of the centre, and their views and suggestions were valued. During residents meetings, residents were kept informed and consulted regarding the running of their home. Residents were encouraged to discuss their opinions, such as suggestions regarding mealtimes and activities.

Residents social activity interests and needs were assessed, and these were met with access to a variety of individual and group activities, that met their interests and capacities. Residents were supported by staff to go on outings and integrate with their local community. Residents had visited a local public house and hotel, as part of several day trips throughout the year.

Residents' rights were respected and residents were encouraged to make choices regarding their lives in the centre. Their privacy and dignity were respected in their lived environment and by staff in the centre. Residents could choose how they spent there day, when they wanted to get up and what they would like at various mealtimes.

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	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for D'Alton Community Nursing Unit OSV-0000643

Inspection ID: MON-0044678

Date of inspection: 05/12/2025

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Clinical supervision is performed regularly with all staff and is now documented as appropriate including</p> <ul style="list-style-type: none"> • CNM & Senior Nurses are supervising healthcare staff during care delivery. • Senior staff supporting healthcare staff on regular intervals and update good safe practices when required. • Ensuring new staff unfamiliar to the centre are supported by senior experienced staff. • Ensuring All staff to refresh & update Manual handling training • Ensuring All staff to refresh & update fire training 	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>All Staff now have a reference of employment from their most recent employer on file in the centre.</p>	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Staff Vacancies Plan to meet compliance: -

- We are currently actively recruiting Health Care assistants.
- We will continue to use Agency to fill long term sick leave, other leave, regular agency staff booked who are familiar with residents.
- Agency Conversion posts – Long term agency staff are being converted to HSE staff as per recruitment plan.

The PIC is ensuring

- Ongoing audits are completed as scheduled and planned
- Resident’s feedback is dealt with
- That Senior staff are supporting and supervising healthcare staff at regular intervals and update good safe practices when required.
- Feedback is provided to staff through regular staff meetings and on the spot interactions.

]

Regulation 17: Premises	Substantially Compliant
-------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 17: Premises:

Defective floor covering will be replaced on/in

- Rooms 22, 23 & 24 flooring
- Back corridor flooring

The plans to upgrade the outdoor space include

- New planters
- New painting
- New outdoor seating

These form part of the improvement plan for 2026 and are expected to be completed by 31/05/2026.

]

Regulation 28: Fire precautions	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Locks to fire doors removed 05/12/2025
- Refresher Fire Training to be completed by all staff on or before 31/01/2026

]

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/02/2026
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	31/05/2026
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	31/01/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient	Substantially Compliant	Yellow	31/01/2026

	resources to ensure the effective delivery of care in accordance with the statement of purpose.			
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	31/01/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/01/2026