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:	The Residence Citywest
Name of provider:	Cubedale Limited
Address of centre:	Cooldown Commons, Fortunestown Lane, Citywest, Dublin 24
Type of inspection:	Unannounced
Date of inspection:	16 July 2025
Centre ID:	OSV-0000692
Fieldwork ID:	MON-0039011

About the designated centre

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

The Residence Citywest is a purpose-built nursing home which can accommodate 119 male and female residents over the age of 18. There are 103 en-suite single rooms and 8 en-suite double rooms in the centre over four floors: Ground, 1st, 2nd & 3rd Floor. The building is T shaped which is divided into left, right and middle wing. The details of rooms, sizes and facilities are available in the centres statement of purpose. Each bedroom is fully furnished and has a television and a phone provided. The centre is designed to meet the individual needs of the older person in pleasant surroundings, whilst facilitating freedom and independence. The Residence Citywest is ideally located close to the Red Luas line, Citywest shopping centre and Saggart village. It is just off the N7 or the N81 in the other direction and within close proximity to Tallaght Hospital.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	105

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
Wednesday 16 July 2025	16:05hrs to 21:45hrs	Aisling Coffey	Lead
Thursday 17 July 2025	07:35hrs to 16:15hrs	Aisling Coffey	Lead
Wednesday 16 July 2025	16:05hrs to 21:45hrs	Catherine Furey	Support
Thursday 17 July 2025	07:35hrs to 16:15hrs	Catherine Furey	Support
Wednesday 16 July 2025	16:05hrs to 21:45hrs	Laura Meehan	Support
Thursday 17 July 2025	07:35hrs to 16:15hrs	Laura Meehan	Support

What residents told us and what inspectors observed

The feedback from residents living in The Residence Citywest was overwhelmingly positive. Residents said that the staff were always kind and respectful, and that they never had to wait long for assistance. Residents reported feeling safe and content. Visitors also shared this positive feedback. When asked if they were satisfied with the level of care provided to their loved one, one visitor said that they were "more than certain" that their loved one was safe. Another visitor informed inspectors: "I know from the bottom of my heart that they are well looked after". This positive feedback was further seen within satisfaction surveys completed by residents and their family members. A recent satisfaction survey found very high levels of satisfaction across all areas of service provision, including privacy, staff attentiveness, meal times, activities and medical care. Inspectors found that staff and management were knowledgeable about the residents' needs, and it was clear that they promoted and respected the rights and choices of residents living in the centre. Inspectors observed many compassionate, warm, dignified and respectful interactions with residents and their visitors throughout the two days of the inspection by a kind and dedicated staff and management team.

This unannounced inspection was conducted by three social services inspectors over two days, commencing with an afternoon and evening inspection on the first day and followed by a second day of inspection on the following morning. Over the two days, inspectors greeted and spoke to many residents, to understand how they spent their time in the centre, and whether they were happy and safe. The inspectors also spent time observing interactions between staff and residents, as well as reviewing a range of documentation.

The centre is a four-storey building located in West County Dublin. The basement floor contained staff facilities, laundry and storage. It was noted that the basement level accommodated another service, separate from the designated centre. This service used one of the centre's three passenger lifts. Residents' bedrooms and communal living accommodation were located on the ground, first, second, and third floors. Residents travelled between the floors using two of the centre's three passenger lifts. Residents were seen using the lifts and strolling the various floors of the centre without restriction. A hairdresser visited the centre three times a week, and there was an on-site hair salon on the ground floor.

Bedroom accommodation comprised 103 single and eight twin bedrooms. All bedrooms had en-suite facilities, including a shower, toilet, and wash-hand basin. In addition, residents had access to one assisted bathroom with bath facilities, located on the third floor. Bedroom accommodation was seen to have a television, call bell, wardrobe and seating facilities. Residents had personalised their bedrooms with photographs, artwork, religious items, ornaments, textiles and furniture from home. The size and layout of the bedroom accommodation were appropriate for residents' needs. Residents spoken with expressed satisfaction with their accommodation and storage. Inspectors observed that some residents had memory boxes mounted

outside their bedrooms, which contained personal memorabilia selected by the residents, and this helped them identify their bedrooms independently. Inspectors noted that improvements were required to residents' privacy within their bedrooms, as there was an unobstructed view into some residents' bedrooms from outside the centre and from the internal garden area. The provider was aware of this matter and had a contractor on-site on the second inspection day, measuring windows for new coverings.

Internally, the centre's design and layout supported residents in moving throughout the centre, with wide corridors, sufficient handrails, furniture and comfortable seating in the various rest areas and communal areas. These communal areas included a large ground-floor dining room, two lounges, an activity room, and an oratory, offering residents space for quiet reflection. The first and second floors each had a lounge and two dining rooms, although the second dining room on each the first and second floors were registered as sitting rooms in the provider's statement of purpose and floor plans. The third floor had a living and dining area. The inspectors also observed rest areas in the lobby on the ground, first, and second floors. Residents were seen sitting in these rest areas watching the comings and goings. These areas did not have call bell access, and this requirement was brought to the attention of the person in charge.

There was an on-site laundry service where residents' personal clothing was laundered. This area was observed to be very clean and tidy, and its layout supported the functional separation of the clean and dirty phases of the laundering process. The inspectors reviewed the dining and storage areas throughout the centre and found the provider has sufficient stocks of resources, such as food, linen, personal protective equipment and personal care items, including incontinence wear and wipes, to ensure effective care for residents.

Regarding outdoor space, the centre had unrestricted access to a secure internal garden. This area was clean, tidy, and pleasantly landscaped, featuring raised flower beds, potted plants, bushes, and decorative ornaments. Within the garden, the centre had a designated smoking room containing protective equipment, such as a call bell, an ashtray, and a fire blanket. On the second day of inspection, arrangements were being made in the garden for the forthcoming family barbecue that weekend.

Inspectors reviewed the external grounds of the centre. While the grounds at the front of the centre were well-maintained, the grounds at the back of the centre required attention to ensure they were properly maintained and safe for residents to use. This is discussed under Regulation 17: Premises.

Residents could receive visitors in the centre within the multiple communal areas or in the privacy of their bedrooms. Multiple families and friends were observed visiting their loved ones during the inspection days. Residents and visitors confirmed there were no restrictions on visiting and that visitors felt very welcome in the centre.

Upon arrival at the centre, the inspectors could observe that evening tea was being served at 4:30pm, with many residents choosing to eat in one of the centre's six

dining rooms. The inspectors were informed they had missed the afternoon ukulele performance, but were present to observe a trivia evening held in the second-floor sitting room. This was attended by a group of 12 residents who engaged with staff and with one another. On other floors, residents were relaxing in their rooms, and some were moving about the centre and the courtyard. Further refreshments, including sandwiches, fruit, yoghurt and biscuits, were served at 8:00pm.

The inspectors observed that some residents in the centre displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). These behaviours were particularly visible from 6:00pm onwards on the first inspection day. The staff spoken with were very knowledgeable about the support needs of the residents and knew them well. Staff were observed implementing the behavioural support strategies as outlined in residents' behavioural support plans, such as providing reassurance, going for walks, and engaging in activities. Inspectors observed multiple examples of staff responding respectfully and compassionately to residents who were experiencing upset and disorientation in their environment. Notwithstanding these efforts made by staff, some of the interventions were found to be inadequate for de-escalating the responsive behaviours, which continued or paused for a short duration but resumed in the company of other residents. This impacted other residents' ability to enjoy a quiet, calm, and relaxed atmosphere, particularly in the evening. This matter is discussed further under Regulation 7: Managing behaviour that is challenging.

While the staff and management team implemented measures to promote a calm and relaxed atmosphere within the centre, it was observed during the inspection that these measures were not always effective. For example, the centre was found to be loud at times throughout the two-day inspection, with televisions broadcasting at a high volume in areas where some residents were sleeping. Some residents were observed to be asleep in bed, however bedroom lights remained lit and TV on loud volume. Some staff were observed communicating with each other at a loud volume and from a distance. Overall aspects of the environment and staff interactions with one another required attention to ensure that residents who needed a low-stimulus environment were provided with opportunities for quiet and rest, while also ensuring that all residents could enjoy a peaceful atmosphere.

Mealtimes in the centre were observed by inspectors simultaneously on each of the floors. It was identified that there were disparities between the mealtime experiences on the ground floor and those on the upper floors. For example, the main dining room on the ground floor was nicely set with dining tables that were adorned with placemats, napkins, and condiments. On other floors, in the smaller dining rooms, there were no condiments provided at the table. Additionally, the ground-floor dining experience was somewhat more relaxed and less noisy than the other dining rooms. Residents were pleased with the selection of food provided and said that they always had choices and were able to have second helpings if they wanted. In the dining rooms, staff were observed providing discreet and respectful assistance to several residents who required this support with their nutritional intake. Nonetheless, inspectors observed some residents who were being assisted

with their evening meal in their bed, in a manner that was not appropriate. This is discussed under Regulation 18: Food and nutrition.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

While governance and management systems were in place to oversee the quality of care delivered to residents, some improvements were required to ensure the service provided was safe, appropriate, consistent and effectively monitored, as referenced within this report.

This was an unannounced inspection to monitor the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and to review the registered provider's compliance plan arising from the previous inspection of 14 August 2024. The inspection also informed the provider's application for renewal of registration. Inspectors also followed up on solicited and unsolicited information that had been submitted to the Office of the Chief Inspector.

The provider had implemented their compliance plan following the last inspection in August 2024, and this inspection found improvements in regulatory compliance concerning residents' rights. Following this inspection, some further actions were required regarding several regulations as outlined in this report.

Cubedale Limited is the registered provider for The Residence Citywest. There are four company directors, one of whom serves as the chief operations officer and represents the provider in regulatory matters. This person attended on-site for feedback at the end of the inspection. Although this was not one of the centres that featured in the RTE Investigates programme that aired in June 2025, this centre is part of the Emeis Ireland nursing homes group.

Since the last inspection, there have been changes in the governance and management of the centre, including the appointment of new persons participating in management. There were now two persons participating in management. These are senior personnel who support the person in charge in their operational management and clinical oversight of the centre. The person in charge reported to the regional director, who in turn reported to the chief operations officer.

The person in charge oversees the daily running of the centre. The person in charge worked full-time in the centre and was supported in their management role by three assistant directors of nursing and four clinical nurse managers. Other staff members

included nurses, healthcare assistants, a physiotherapist, catering, housekeeping, maintenance and administration staff. The assistant directors of nursing deputise for the person in charge, and this was observed on the first inspection day.

The registered provider had systems in place to monitor the quality and safety of care. Communication systems were in place between the registered provider and management within the centre. Minutes of monthly clinical and corporate governance meetings were reviewed. These meetings discussed key aspects of care provision for residents, including premises, facilities, staffing, housekeeping, catering, incidents and clinical matters. The person in charge also prepared a monthly governance report for senior management outlining matters concerning complaints, compliments, safeguarding, activities, audit findings, finances and regulatory compliance. This report was reviewed in the monthly clinical and corporate governance meetings.

Within the centre, there was evidence of communication between the person in charge and their management team, as well as regular staff meetings. During these meetings, key issues related to the quality and safety of the service delivered to residents were discussed, including falls, premises, activities, skin care, wound management, medication management, care planning, nutrition, and infection control. Records reviewed found the person in charge had recently spoken to staff about the provider's arrangements for raising concerns regarding the quality and safety of care and support provided to residents. On a day-to-day basis, further communication in relation to residents' care and wellbeing was facilitated through huddles and handovers. The inspectors observed an end-of-shift handover meeting where key matters relating to the care of each resident were discussed to promote the transfer of safe resident care between staff as they changed shifts

The provider had multiple management systems in place to monitor the quality and safety of service provision. This included daily walk-arounds, daily end-of-shift report and out-of-hours visits to the centre. A risk register was used to monitor and manage known risks in the centre. The provider had oversight of incidents, and there was evidence of tracking and trending incidents, including falls, hospital transfers, wound care and healthcare-acquired infections The provider had undertaken regular auditing of multiple areas, including call bell response times, IPC, falls, wound care, and care planning. Notwithstanding these various assurance systems, some actions were required to enhance these oversight mechanisms and effectively identify deficits and risks in service provision, thereby driving quality improvement. This will be discussed under Regulation 23: Governance and management.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2024. The inspectors saw evidence of the consultation with residents and families reflected in the review. With this review, the registered provider had also identified areas requiring quality improvement.

In terms of staff training and development, there was evidence that newly recruited staff, including agency staff, had received an induction covering key aspects of care and procedures in the centre, including health and safety, fire safety, infection

control, policies and records management. This induction was followed by a probationary period under which the employee's performance was monitored and reviewed by their line manager. A suite of mandatory training was available to all staff in the centre, and training was mostly up to date. While acknowledging this good practice regarding staff appraisal and training, further action was required to enhance the supervision of staff and ensure that the assessed needs of residents were adequately supported. This is discussed under Regulation 16: Training and staff development.

There was good overall management of complaints in the centre. The person in charge was proactive in documenting concerns and complaints raised by residents through residents' meetings or in conversations with staff, ensuring that concerns and complaints were addressed promptly. Where more serious complaints had been received, there was evidence that these were investigated thoroughly, in line with the centre's policy.

Records were maintained of each incident and accident occurring in the centre, with the majority being falls-related. All notifiable incidents, including hospitalisation of residents after falls, were submitted to the office of the Chief Inspector promptly with sufficient detail.

Policies and procedures required by the regulations were maintained under regular review and contained up-to-date guidance for staff.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider applied to renew the designated centre's registration in accordance with the requirements in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. At the time of inspection, this application was being reviewed.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge meets the requirements of the regulations. They are an experienced registered nurse with over 20 years of experience in nursing older persons. They have previous management experience and post-registration management qualifications. The person in charge demonstrated good knowledge and understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

Based on a review of the worked and planned rosters, as well as speaking with residents and visitors, sufficient staff with an appropriate skill mix were on duty each day to meet the assessed needs of the residents. A minimum of four registered nurses worked in the centre at night.

Judgment: Compliant

Regulation 16: Training and staff development

While acknowledging that staff had access to a suite of training programmes to enable them to perform their respective roles, further action was required to ensure staff were appropriately supported and supervised at all times, For example:

- Staff practices did not promote a calm and relaxed environment. Inspectors observed some staff communicating with each other at a loud volume and from a distance. Additionally, televisions were found to be broadcasting at a high volume and lights remained on in areas where some residents were sleeping.
- Staff were not completing accurate recording within resident's daily notes and care plans, this is further discussed under Regulation 21: Records and Regulation 5: Individual assessment and care planning.

Judgment: Substantially compliant

Regulation 21: Records

Some improvements were required to ensure all records as set out in Schedules 2 and 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were kept in the designated centre and available for inspection, for example:

While a full review of staff files was not completed during this inspection, a document presented to inspectors found that An Garda Síochána (police) vetting disclosures were not kept within 35 staff personnel files on-site as required. This was highlighted to the provider on the day of the inspection.

Nursing records were not retained in line with the requirements of Schedule 3(4)(c). For example:

- Notifications received by the Chief Inspector and the residents' daily notes referred to neurological observations being conducted after an unwitnessed fall, at frequencies aligned with the provider's falls policy. Full records were not maintained to ensure inspectors that observations had been completed at the required frequencies.
- Some of the daily nursing records for residents' health, condition, and treatment reviewed were not completed in accordance with the requirements of the regulations.

The management of residents' personal information was not in line with regulatory requirements to keep records stored safely; for example, electronic records about individual residents were visible from the nurse station on the ground, first and second floors to those walking the corridor and exiting the lift on the ground, first and second floors.

Judgment: Not compliant

Regulation 23: Governance and management

While the registered provider had several assurance systems in place to monitor the quality and safety of the service provided, these systems required strengthening as they were not fully effective in identifying risks and driving quality improvement in areas such as staff supervision, individual assessment and care planning, managing behaviour that is challenging and premises, as identified on this inspection.

The inspectors observed that the temperature displayed on the wall-mounted thermometers in the basement comms room and the ground-floor, first-floor and second-floor switch rooms displayed temperatures ranging from 28 to 30 degrees Celsius. A risk assessment is required by a competent person to determine the appropriate controls required to manage the temperatures within these areas safely.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

As part of the application to renew the centre's registration, the provider had submitted an up-to-date statement of purpose containing the information in Schedule 1 of the regulations. At the time of inspection, this application was being reviewed.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on a review of the centre's incident and accident records, assurance was provided that all required notifications had been submitted within the required timelines. For example, notifications of the use of restrictive practices in the centre, as well as notifications of any allegations of abuse.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were well-managed in the centre. A centre-specific complaints procedure was in place, and this was displayed prominently throughout the centre for residents' and visitors' information. There were agreed timelines for responding to and reviewing complaints, and the nominated persons to deal with complaints in the centre had received suitable training in complaints management.

There were five open complaints on the day of inspection, which were progressing through the complaints process. A review of closed complaints identified that complainants were provided with regular updates and written acknowledgement. The satisfaction of the complainant was documented.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place, updated in line with regulatory requirements and made available to staff in the centre.

Judgment: Compliant

Quality and safety

While the inspectors observed kind and compassionate staff treating residents with dignity and respect, enhanced governance and oversight were required to improve

the quality and safety of service provision. Improvements were required concerning individual assessment and care planning, managing behaviour that is challenging, residents' rights, food and nutrition, risk management and premises.

Comprehensive person-centred care plans were based on validated risk assessment tools. These care plans were reviewed at regular intervals, not exceeding four months. Notwithstanding these areas of good practice in care planning, some gaps were observed regarding the accuracy of information within care plans, which will be outlined under Regulation 5: Individual assessment and care plan.

There was an emphasis on promoting a restraint-free environment and person-centred care. Residents were seen strolling the premises and the various floors of the centre without restriction. The inspectors found that residents predisposed to episodes of responsive behaviours had behaviour observation charts, such as the Antecedent, Behaviour, and Consequence charts, used to understand the behaviour and respond in a manner that was not restrictive. Where restraint was used, for example, bed rails, it was used in accordance with national policy published by the Department of Health. While acknowledging these good practices, action was required to review the support needs of residents with responsive behaviours and alleviate the impact of these behaviours on the quality of life of other residents. Additionally, improvements were required in monitoring residents' safety during episodes of restraint. These matters are discussed under Regulation 7: Managing behaviour that is challenging.

Overall, the premises' design and layout met residents' needs. The centre was found to be inviting and pleasantly decorated to provide a homely atmosphere. The centre had a well-maintained internal courtyard garden. There were multiple comfortable and pleasant communal areas for residents and visitors to enjoy. Notwithstanding this good practice, action was required to ensure full compliance with Schedule 6 requirements. Furthermore, the first and second floor sitting rooms were seen to be operating as dining rooms, contrary to the centre's statement of purpose and floor plans. These matters will be discussed further under Regulation 17: Premises.

Residents spoken with expressed high praise for the food offered in the centre. Food was freshly prepared and cooked on-site by the centre's chef. Choice was offered to residents at mealtimes, and adequate quantities of food were served. Residents also had access to fresh drinking water and other refreshments at mealtimes and throughout the day. There was adequate supervision and discrete, respectful assistance at mealtimes. While acknowledging this good practice, the inspectors found that some improvements were required to the mealtime experience, specifically in how food and refreshments were served. These matters will be discussed under Regulation 18: Food and nutrition.

Regulation 11: Visits

The registered provider had arrangements in place to ensure that residents were facilitated to receive visits to the centre. Visiting arrangements did not pose

unnecessary restrictions on residents. Suitable communal and private facilities were available for residents to receive visitors.

There was an updated visitor policy, which included the process for visitor access during an outbreak of infection, ensuring residents could receive visits from nominated support persons during these times.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported in accessing and retaining control over their personal property and possessions. Residents had ample space to store and maintain their clothing and possessions. Residents had access to lockable storage facilities in their bedrooms for valuables. The centre had a tidy, well-organised onsite laundry for the laundering of residents' clothing and the centre's linen. Residents were complimentary about the laundry service received in the centre.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance, repair and review to be fully compliant with Schedule 6 requirements, for example:

- The centre's external grounds at the back of the centre required attention to ensure they were appropriately maintained and safe for residents to use. For example, on the second inspection day, it was observed that there were eight steel trolleys and over 50 wooden pallets alongside large supplies of cardboard accessible within the centre's grounds. These items present a trip and fire hazard. The provider began attending to these matters when they were brought to their attention.
- A lift shaft in the centre required review as it presented continuous noise and vibrations.
- Some areas showed signs of wear and tear; for example, some bedroom furniture had scuffed surfaces, impacting the ability to clean these surfaces effectively.
- Residents were seen sitting and relaxing in the lobby areas on the ground, first, and second floors. These areas required a call bell for residents to summon assistance if needed.
- There was damage observed to some doors in the centre that may impact effective fire containment; for example, on the second floor, there were gaps

around the door to the clinical room, the equipment room 3 door was not closing correctly, and the comms rooms door was damaged.
- Some signage to identify rooms required updating to support residents and visitors in locating various rooms in the centre.

Inspectors observed that the first and second floor sitting rooms, sitting room 2 and sitting room 3, were operating as dining rooms, contrary to the centre's statement of purpose and floor plans. This was brought to the provider's attention for their review as part of the application to renew registration.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

While there were many positive aspects of the mealtime experience observed, the inspectors noted that some practices concerning the serving of food and refreshments required improvement to promote a relaxed and dignified mealtime experience that encouraged residents' independence. For example

- Further assurances are required that all nursing, healthcare, and catering staff who use liquid thickeners have received training on texture-modified diets and the correct use of thickeners to ensure safe resident care as no records were maintained of this.
- Condiments were not available for residents in some of the dining rooms.
- Tea was prepared with milk added before being served to the residents.
- The inspectors observed one occasion where a staff member stood while assisting a resident during a meal in their bedroom, instead of sitting with them. This practice can create an uncomfortable dining experience for residents.

Judgment: Substantially compliant

Regulation 26: Risk management

A risk management policy was in place; however, it required updating to come into compliance with the revised regulations, which took effect on 31 March 2025. For example, the risk management policy did not detail the specific measures and actions in place to control the specified risk of infectious diseases.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While the care plans were seen to be detailed and person-centred, some action was required to ensure that each care plan accurately reflected the resident's current assessed needs, for example:

- Inconsistencies were noted in some care plans in respect of the residents' risk of falls.
- Some care plans did not reflect known risks in respect of the resident. For example, one resident at risk of making allegation pertaining to food and nutrition was not addressed within their care plan.
- Contradictory information was recorded within the same care plan under different sections, such as the healthcare section and the end-of-life section.
- Contradictory information was also noted, whereby the resident's care plan did not align with other electronic and paper-based records being maintained by the provider in respect of the resident's assessed needs and treatments, which could lead to errors in care delivery.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a doctor of their choice and an in-house physiotherapist. Residents who require specialist medical treatment or other healthcare services, such as mental health services, speech and language therapy, dietetics and palliative care, could access these services in the centre upon referral. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit. A high standard of evidence-based nursing care in accordance with professional guidelines was provided to residents concerning wound care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider admitted residents with complex care needs, including those deemed to require focused care and one-to-one support for the behavioural and psychological symptoms associated with their diagnosis. The inspectors observed that some residents living in the centre displayed responsive behaviours. However, not all residents who had responsive behaviours had clear behavioural support plans in place to guide their care. Additionally, it was observed that at times, these

behaviours impacted negatively upon other residents. Examples identified by inspectors included the following:

- A resident was observed displaying responsive behaviours concerning food. This necessitated food items in a communal area being locked away from other residents. Staff had not identified this as being restrictive to other residents. The resident with the responsive behaviours had no documented behavioural support plan in place.
- A resident was observed to be vocalising loudly in their bedroom for long periods of time. While medical advice had been sought concerning the behaviours, staff had not considered the need for a supportive plan to identify potential triggers to the behaviour and to document strategies and techniques to minimise its impact on the resident concerned and others.

The use of physically restrictive devices, such as bedrails, was kept to a minimum and was subject to a thorough risk assessment before use. However, significant gaps were observed in the record for monitoring residents' safety during an episode of restraint. Upon reviewing the safety check records, the inspectors noted that these were not consistently carried out at intervals required by the provider's policy on restraint.

A register of restrictive practices was maintained under regular review, however, it did not consider some restrictions to residents' liberty, for example, restricted access to alcohol.

Judgment: Not compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Staff were subject to An Garda Siochana (police) vetting before commencing employment in the centre; however, the provider was required to retain these records in the centre, as referenced under Regulation 21: Records.

Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Staff spoken with were clear about their role in protecting residents from abuse. Residents reported that they felt safe living in the centre.

The provider was acting as a pension agent for ten residents living in the centre. Records reviewed found these pensions were paid into a separate residents' client account to ensure residents' finances were safeguarded. The provider had a transparent system in place for recording lodgements and withdrawals of residents' personal monies from their accounts.

From the records seen, it was clear that the person in charge had provided a robust and person-centred response when investigating and responding to allegations of abuse concerning residents.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the centre was striving to promote a rights-based approach to care. The registered provider ensured that the centre's operations took into account the individual background and abilities of each resident.

There were facilities available for occupation and recreation, as well as opportunities for residents to participate in activities that aligned with their interests and capacities. Residents were facilitated to communicate freely and had access to information about current affairs, local matters, voluntary and community groups and media sources including television, internet and newspapers.

Residents were consulted with and participated in the organisation of the centre through regular residents' meetings and satisfaction surveys. There was evidence that residents' feedback was taken on board and followed up on to their satisfaction. For example, any concerns identified during residents' meetings were logged as complaints and formally addressed by the person in charge.

Residents had access to meet and receive support from independent advocacy services.

A small number of bedroom windows did not have sufficient window dressings, and the rooms were visible from the external grounds. The provider had already identified this, and a contractor was onsite on the second inspection day, measuring the windows for suitable dressings, which would support residents in maintaining privacy in their bedrooms.

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
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Residence Citywest OSV-0000692

Inspection ID: MON-0039011

Date of inspection: 17/07/2025

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Dementia specialist and DON have conducted a review and provided on the job training to staff to ensure that they are adapting their practices to suit the mix of residents in the centre. A number of safety pauses have also been completed with staff and the issues discussed at quality and safety committee meeting. The DON/ADON are now doing sporadic twilight shifts to ensure that practices are bedded down. The existing training presentation has also been updated to reflect this- complete and ongoing A number of safety pauses have been completed with staff nurses to ensure that their documentation is reflective of care delivered. Spot checks will be completed by the clinical managers along with existing auditing procedures- complete and ongoing.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The garda vetting disclosures have been placed on the relevant staff files. A sample of files will be audited quarterly by the Regional HR/Quality Department commencing mid-October 2025. Safety pause meetings have been held with staff nurses in relation to ensuring that their documentation is reflective of care delivered and that their practice is in line with agreed policies. The ADON/DON will continue to review records prior to sending notifications. Documentation compliance will continue to be overseen via spot checks and existing audits and actioned accordingly- complete and ongoing.	

An additional privacy screen has been ordered for all desktops in the nurses' stations. This will be in place by 15th November 2025.
All staff have been reminded of their responsibility in relation to data protection. All staff will receive training on GDPR by 30th November 2025, if not already completed.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The PIC is supported by 3 Assistant Directors of Nursing and 4 Clinical Nurse Managers. To ensure there is adequate on the floor supervision, the roster and allocations of these managers has been reviewed to allow for increased on the floor supervision and support to staff members- complete

An assessment of the comms and switch rooms will be completed by a competent person by 30th November 2025 and any identified additional controls or remedial actions will be completed by 31st December 2025.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
All inappropriately stored items identified at the back of the centre were removed immediately and this is monitored daily- complete and ongoing

The issue with the noise and vibrations was investigated and rectified following the inspection- complete

There is ongoing furniture replacement schedule in the centre to ensure that all furniture meets IPC requirements- complete and ongoing

External contractors are currently onsite and the remedial work on the gaps on fire doors is planned to be completed by 31st December 2025

The wear and tear issues identified on specified rooms have been rectified- complete

Additional call bells will be installed to the lobby areas by the 15th November 2025.

New signage will be put up in the centre in key areas by the 30th of November 2025.

The Statement of Purpose and floor maps were updated to state that the 1st and 2nd Floor have a combined sitting/dining room. New signage will be in place by the end of November 2025.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
Any outstanding relevant staff will complete training on fluid thickeners and modified texture diets by the 30th of October 2025 and this will also be completed on induction.

New condiment holders have been purchased for the two relevant dining rooms and these are placed on the table just before the meal. This are being monitored by DON/ADON/CNM and housekeeping and catering manager- complete and ongoing.

Residents will be offered separate milk jugs for their tea as appropriate/desired. Safety pause meetings on the mealtime experience were conducted with staff on the feedback- complete

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
The risk management policy has been updated- complete

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
A review is currently underway of all assessments and care plans and this will be completed by the 30th of November 2025.

Updated training will be provided to staff by 31st December 2025.

Safety pause meetings will be completed with nurses in the interim and completed by 30th of September 2025.

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
The Dementia specialist has attended the centre to do some observations and on the job training. The DON has also completed afternoon/twilight shifts and will continue to do this sporadically- complete and ongoing

Safety pause meetings will be completed with nurses in relation to the requirement for broader behaviour care plans. Some work had been done with them on this since the inspection and was completed on 30/9/25.

New templates for behaviour support/responsive behaviour care plans will be implemented by 30th of November 2025.

Safety pause meetings will be conducted with staff on the importance of monitoring and recording restraint safety checks- complete and ongoing

By 30th September 2025, a full review of the restrictive practice register will be completed to ensure it accurately reflects all restrictive interventions used in the centre. We will continue to audit restrictive practices as per existing audit schedule- complete and ongoing.

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	30/09/2025
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/12/2025
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	31/12/2025

Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	30/10/2025
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.	Not Compliant	Orange	30/09/2025
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	30/11/2025
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	31/12/2025
Regulation 26(1)(c)(vi)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and	Substantially Compliant	Yellow	30/09/2025

	actions in place to control infectious diseases.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/11/2025
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	30/11/2025
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/09/2025