



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

Issued by the Chief Inspector

Name of designated centre:	Firstcare Beneavin House
Name of provider:	Firstcare Beneavin House Limited
Address of centre:	Beneavin House, Beneavin Road, Glasnevin, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	03 March 2026
Centre ID:	OSV-0000694
Fieldwork ID:	MON-0049770

About the designated centre

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

The designated centre is located in north County Dublin and is close to local shops and amenities. There is a car park situated at the front of the building and disabled parking is available. Beneavin House is a purpose built nursing home that provides accommodation for 150 residents over the age of 18 years. The nursing home offers 24 hour care to dependent residents with low, medium, high and maximum dependencies including people living with dementia. Accommodation is provided across four floors which are arranged around a central courtyard garden. Oakfield unit is situated on the ground floor and has 31 single bedrooms and four twin bedrooms. Willowbrook is situated on the first floor and has 35 single bedrooms and five twin rooms. Claremont is situated on the second floor and has 41 single rooms and one twin room. Claremont is divided into two units Claremont and Claremont Walk. Claremont Walk provides accommodation for 11 residents living with dementia and is designed specifically to meet their needs. Most of the bedrooms on Oakfield, Willowbrook and Claremont units have en-suite facilities. Cedars Unit is on the fourth floor and has 19 single and two twin bedrooms. All bedrooms on Cedars are en-suite. Each floor has additional communal bathrooms and wheelchair accessible toilets. There are communal lounges and dining rooms on each floor and Claremont has an additional lounge. There is also a hairdressing salon, an oratory and a family room with overnight facilities which can be organised through the Home manager. Activity rooms and a smoking room for residents are also available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	99
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 3 March 2026	07:55hrs to 16:00hrs	Sheila McKeivitt	Lead
Tuesday 3 March 2026	07:55hrs to 16:00hrs	Sinead Lynch	Support

What residents told us and what inspectors observed

This was an unannounced inspection carried out by two inspectors of social services over one day. Overall, residents appeared happy while living in the centre. Residents spoke positively about the staff and how 'kind' they were. Residents that were happy to speak with the inspectors said their call-bells were answered in a timely fashion and that staff were 'caring'.

Residents' bedrooms were observed to be clean and organised. There was adequate space for residents to store clothing and other personal items. Residents whom the inspectors spoke with said their bedrooms were 'cleaned daily'. The communal spaces were found to be well-maintained with adequate and appropriate seating for residents. Clinical hand-wash basins were available along the corridors to enable staff to have easy access to hand hygiene facilities. These sinks complied with the required specifications for a clinical hand-wash basin. Hand sanitisers were located throughout the centre to help staff sanitise their hands between episodes of care.

Visitors informed the inspectors that they can visit their relatives in either the communal areas or in their bedrooms and that visiting was not restrictive.

Residents provided positive feedback about the laundry service stating that their clothes were returned promptly. However, some visitors did report that there were delays in the returning of clothes that were sent to the laundry for labeling, and that on some occasions they would have to wait for a week for clothes to be returned with the new labels in place.

Residents said their call-bells were answered in a timely fashion and that staff were attentive to their needs.

The feedback on food and the choice available was mainly positive. However, some residents said that the morning breakfast toast was 'never warm'. This had been brought to the providers attention at the most recent resident's meeting and the management team were reviewing the service.

Notwithstanding the clean premises observed, storage practices observed did not always promote a safe environment as further detailed in this report under Regulation 17: Premises.

There was an activity schedule in place. Residents appeared to enjoy their time in activities and praised the exercise class. Some residents were observed in their bedrooms throughout the day. However, these residents assured the inspectors that this was their wish and that staff 'respected' this.

There was a residents' guide made available to all residents and visitors in the centre. This guide informed residents of the services available to them and if any costs would be incurred to avail of such services.

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

Capacity and capability

The inspectors followed up on the compliance plan submitted to the Chief Inspector after the last inspection, and acknowledged that the provider had implemented some of the actions required. However, there were repeated non-compliance identified in relation to Regulation 24: Complaints, Regulation 31: Notification of Incidents and Regulation 23: Governance and Management. These are discussed further in this report under their respective regulations.

Firstcare Beneavin House Limited is the registered provider for Firstcare Beneavin House, and part of the wider Emeis group. The senior management team consisted of a Chief Operating Officer and a Regional Director. The person in charge was recently appointed to the post. They had the required qualifications and experience to be in the role as person in charge. They worked full-time in the centre.

There was a clearly defined management structure in place with clear lines of accountability. The newly appointed person in charge was supported by two assistant directors of nursing (ADON), five clinical nurse managers (CNM) and a team of nurses and healthcare support staff. To support the management team there was a regional director present on the day of inspection. One ADON post was vacant, and this had been vacant since August 2025. The oversight of some practices required strengthening these are discussed in further detail in this report. Inspectors found that although some of the issues highlighted in this report had been identified in senior management meetings held in early February they had not been addressed in a timely manner and therefore issues such as, complaints management had got worse rather than better.

There was a repeated non-compliance in relation to failure to notify the Chief Inspector of Social Services within two working days about two incidents where residents required admission to hospital.

The complaints policy was not implemented in practice. This meant that complaints were not well managed and this had a negative impact on complainants particularly residents, as their issues were not being addressed in a timely manner.

The staffing levels in the centre were observed to be appropriate to meet the needs of the residents on the day of inspection. The registered provider had ensured that

the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

There was appropriate clinical supervision in place on each floor on the day of inspection. However, the oversight outlined by the provider on the previous compliance was not always in place on night duty.

Records reviewed including a sample of contracts for the provision of service the directory of residents, together with the residents' guide met the regulatory requirements.

Regulation 19: Directory of residents

The directory of residents was maintained, up-to-date and contained all required details on admissions, discharges and deaths of residents.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the improvements, the management systems in place were not sufficiently robust to ensure that the service provided is safe, appropriate, consistent and effectively monitored. For example:

- The oversight of care plans required further review as evidenced under Regulation 5: Individualised assessment and care plan.
- There were repeated failures to appropriately notify the Chief inspector of incidents occurring at the centre, despite previous commitments given in the provider's compliance plan of stronger oversight in this area.
- Complaints were not always managed in line with the complaints policy or process, and although the registered provider had identified this failure through their internal management systems they had not acted upon it in a timely manner. For example, at senior management team meeting in early February it was noted that three complaints had been opened for over 30 days, this number had now risen to six.
- Supervision at night had not always been implemented in practice in line with provider's commitments and as per resources outlined in the statement of purpose. The supernumerary cover for a period of 90 nights from 01 December 2025 was reviewed, inspectors found that there was no supernumerary senior staff nurse or clinical nurse manager on duty for 24 of the 90 nights reviewed.
- Medication management systems in respect of recording controlled medications was not in line with best practice. For example, the dose of the

medication held was not documented beside the name of the medication, this practice had the potential to increase the risk of a medication error occurring.

This is a repeated non-compliance.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The registered provider had agreed in writing with each resident on admission the terms, including terms relating to the bedroom to be provided to the resident and the number of occupants of that bedroom.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were not submitted to the Chief Inspector of Social Services with in the agreed time frame.

Notwithstanding that the person in charge was new in the post, two notifiable incidents had not been submitted within the required time frame. Where two residents sustained injuries, these incidents were not notified until 20 days, respectively 10 days post the residents sustaining the injuries.

This is a repeated non-compliance.

Judgment: Not compliant

Regulation 34: Complaints procedure

The management of complaints was not sufficiently robust and for those reviewed the following was identified:

- The complaints policy was not being implemented in practice. The named complaints officer was the person in charge. The two assistant directors of nursing were investigating most of the complaints on file, neither of whom were named in the complaints policy.
- Only one of the two assistant directors of nursing had completed training in how to manage complaints.

- There were 31 complaints logged since the 01 January 2026, 24 of these remained opened, six of which had been opened for greater than 30 days.
- A number of complaints on file had been investigated with an outcome reached however, the level of satisfaction of the complainant, although known by staff, had not been recorded and therefore the complaint had not been closed.

This is a repeated non-compliance.

Judgment: Not compliant

Quality and safety

The quality of service and nursing care delivered to residents was of a good standard and this assured the inspectors that residents were being well cared for and their were measures in place safeguarded against all forms of abuse.

Notwithstanding that the premises were found to be mainly clean there were concerns regarding inappropriate storage and in some case the storage that may post a risk to residents safety as evidenced under Regulation 17: Premises.

The drug administration practices were good. Controlled drugs were stored safely and checked at least twice daily as per local policy. However, the records held in relation to these drugs were not documented in line with best practice. The controlled medication record book did not include the dosage for a number of medications held.

Improvements were observed in relation managing behaviour that is challenging. The care plans now outlined the known triggers and de-escalations techniques to effectively respond to these behaviours and informed staff on how to direct care.

There were many examples of good practices observed in relation to infection prevention and control (IPC). IPC was discussed at regular staff meetings and antibiotic usage was trended to inform practice. Antibiotic consumption was analysed each month and used to inform infection prevention practices and discussed within the nursing home group.

Further improvements were required in relation to residents care plans. The sample of care plans were not detailed enough to guide practice. This is discussed further under Regulation 5: Individual assessment and care plan.

Notwithstanding the fact that their were good practices in place to safeguard residents against all forms of abuse, these processes were not always followed in practice. The reporting process and mandatory training for safeguarding vulnerable residents required review to ensure that all processes in relation to safeguarding

vulnerable residents were robust and remove any potential negative impact on staff being able to identify abuse or how to mitigate such abuse.

There were safe processes in place to ensure residents were protected against the risk of fire.

Regulation 17: Premises

Aspects of the premises were not in compliance with Schedule 6 of the regulations as follows:

- Storage arrangements were not appropriate. In one bathroom there were three hoists and a drip stand restricting residents' movements around this area safely. Such practices also posed a risk of cross-contamination.
- The activity room in Cedars unit had a large television situated on the floor, which may pose a trip hazard.
- The walls along the corridors in Willowbrook unit were patchy and required maintenance.
- The butterfly code was not displayed leaving the Claremont unit. This restricted residents and visitors from independently exiting the unit should they wish.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available, which contained information on the visiting arrangements, the procedure relating to complaints, a summary of the services and facilities available as well as the terms and conditions related to the residence in the centre.

Judgment: Compliant

Regulation 27: Infection control

The provider had ensured that effective governance arrangements were in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship. The provider had ensured compliance with the *National Standards for Infection prevention and control* (2018).

Judgment: Compliant

Regulation 28: Fire precautions

Suitable arrangements were in place in relation to promoting fire safety. Suitable fire safety equipment and systems was provided throughout the centre, and documentation reviewed evidenced servicing of the fire alarm and equipment were completed at appropriate intervals.

Fire exits were unobstructed and there was suitable means of escape for residents, staff and visitors. Fire evacuation procedures and signage were displayed at various points throughout the centre. Fire drills were being completed on a frequent basis with staff and the outcomes of each fire drill was outlined in the fire drill records reviewed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned. The inspectors observed good practices in how the medicine was administered to residents. Medicine was administered appropriately, as prescribed and dispensed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The care plans in place did not always guide care from the sample reviewed inspectors identified gaps which had the potential to impact the care provided. For example:

- Interventions required for a resident who had a contagious infection and had been prescribed cream and pain relief by their general practitioner (GP), were not specified in the residents' care plan.
- There was no isolation time-frame in place outlined in resident's care plan to effectively guide staff in managing the care of this resident.
- For a resident who had weight loss the care plan was not reflective of the weight loss or the measures to be put in place to mitigate further weight loss.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre. There was a low use of restraints. Less restrictive alternatives were trialled and documented in the residents' care plans. There was evidence that consent was obtained when restraint was in use.

Judgment: Compliant

Regulation 8: Protection

The registered provider had not taken all reasonable measures to protect residents from abuse. For example;

- There were two staff members working in the centre who had not attended safeguarding vulnerable adults training. This may impact staff knowledge on how to identify abuse and the reporting measures in place.

Judgment: Substantially 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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Firstcare Beneavin House OSV-0000694

Inspection ID: MON-0049770

Date of inspection: 03/03/2026

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>All staff nurses are trained in care planning and are regularly reminded of the importance of updating care plans whenever there are changes in a resident's condition, including infections, weight loss, or pain. This process will be monitored by the CNM and ADON. A monthly audit schedule is in place to ensure that care plans remain person-centred. Findings from these audits will be reviewed by the PIC and the Regional Director, and actions will be taken to support continuous improvement- complete and ongoing</p> <p>The PIC will ensure all notifications are submitted to the Chief Inspector in a timely manner. This is monitored by the Regional Director on a weekly basis- complete and ongoing</p> <p>All outstanding complaints have been addressed and closed as of 9th April 2026. The PIC is actively managing all complaints and developing competency and management skills within the management team to address complaints in a timely manner- complete and ongoing.</p> <p>The roster is reviewed by the PIC and Regional Director to ensure there is adequate and appropriate supervision arrangements in place at night to meet resident needs in a timely manner- complete and ongoing</p> <p>A toolbox talk has been provided to all nurses in respect of medication management. An audit was completed to ensure all controlled medications are recorded in line with best practice- complete and ongoing</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The PIC will ensure all notifications are submitted to the Chief Inspector in a timely manner. This is monitored by the Regional Director on a weekly basis- complete and ongoing</p> <p>]</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The person in charge is the complaints officer and is managing all investigations. The complaints notice reflects same- complete and ongoing</p> <p>The Assistant Directors of Nursing have completed training in complaints management- complete and ongoing</p> <p>All outstanding complaints have been addressed and closed as of 9th April 2026. The PIC is actively managing all complaints and developing competency and management skills within the management team in playing an active role to address and document complaints in a timely manner- complete and ongoing</p> <p>]</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The storage in the bathroom has been reviewed and another suitable alternative location has been allocated. The TV in the activity room has been removed. The team will monitor staff compliance with storing items appropriately during their daily walkabout- complete and ongoing</p> <p>Painting work for the walls along the corridor in the Willowbrook area has been scheduled to be completed by 31st May 2026.</p> <p>]</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>All staff nurses are trained in care planning and are regularly reminded of the importance of updating care plans whenever there are changes in a resident's condition, including infections, weight loss, or pain. This process will be monitored by the CNM and ADON- complete and ongoing</p> <p>A monthly audit schedule is in place to ensure that care plans remain person-centred. Findings from these audits will be reviewed monthly by the PIC and the Regional Director, and actions will be taken to support continuous improvement- complete and ongoing</p> <p>]</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>All staff have Safeguarding training completed. Compliance with mandatory training is reviewed during monthly clinical governance by the Regional Director- complete and ongoing</p> <p>]</p>	

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 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 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	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,	Not Compliant	Orange	30/04/2026

	consistent and effectively monitored.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	30/04/2026
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Not Compliant	Orange	30/04/2026
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Not Compliant	Orange	30/04/2026
Regulation 34(2)(g)	The registered provider shall	Not Compliant	Orange	30/04/2026

	ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/04/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate	Substantially Compliant	Yellow	30/04/2026

	that resident's family.			
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	30/04/2026
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	30/04/2026