



**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:	Esker Ri Nursing Home
Name of provider:	Blackden Limited
Address of centre:	Kilnabin, Clara, Offaly
Type of inspection:	Unannounced
Date of inspection:	11 November 2025
Centre ID:	OSV-0000733
Fieldwork ID:	MON-0048795

About the designated centre

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

Esker Ri Nursing Home is a purpose-built premises. The designated centre is situated on an elevated site off the Tullamore road on the way out of the village of Clara. The designated centre currently provides accommodation for a maximum of 143 male and female residents aged over 18 years of age. Residents' accommodation is provided on three floors. Residents are accommodated in single and twin bedrooms with full en suite facilities. The designated centre provides mainly residential care to older adults and also provides respite, convalescence and care for people with an intellectual disability, physical disability, acquired brain injury, dementia and palliative care needs. The provider employs a staff team consisting of registered nurses, care assistants, activity coordination staff, administration, maintenance, housekeeping and catering staff. The provider states in their statement of purpose for the designated centre that their aim is to provide a residential setting wherein residents are cared for, supported and valued within a care environment that promotes their health and well being.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	137
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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 11 November 2025	07:30hrs to 14:45hrs	Sarah Armstrong	Lead
Tuesday 11 November 2025	07:30hrs to 14:45hrs	Bernadette McDonald	Support
Tuesday 11 November 2025	07:30hrs to 14:45hrs	Sharon Boyle	Support

What residents told us and what inspectors observed

Overall, the inspectors observed that residents were supported to enjoy a good quality of life whilst living in Esker Ri Nursing Home. Residents were supported by a team of attentive and dedicated staff who were responsive to their individual needs.

On the day of inspection, the inspectors arrived to Esker Ri Nursing Home shortly before the night staff shift was due to finish. On arrival, inspectors commenced a walkthrough of the centre. During this walkthrough, inspectors observed that most residents were still in bed sleeping and the atmosphere was calm and relaxed. A small number of residents were up and dressed and inspectors had an opportunity to speak with these residents and with some staff who were on night duty. Inspectors also observed the morning staff handover on two wings of the designated centre where the day staff received updates on each resident and any changes they may have experienced overnight. Staff were observed to be engaged in the handover discussion, asking pertinent questions to inform good practice and person-centred care during the day.

During the walkthrough and throughout the day, inspectors had opportunities to speak with a number of residents, staff and visitors. Feedback received from all was mostly positive.

Following an initial walkthrough of the centre, the inspectors met with the Person in Charge, the deputy person in charge and the general manager of the service, for an introductory meeting which set out the purpose of the inspection.

Most staff who spoke with inspectors said they felt staffing levels within the centre were sufficient to meet the needs of residents, on both day and night shifts. Some staff told inspectors that at times staff were very busy and this impacted on the amount of time they could spend with residents. However, staff acknowledged the efforts of the registered provider in recruiting staff in the centre, adding it was difficult to "get the right people for the job" and that there is a high turnover of new staff in the centre as a result. The registered provider was actively recruiting to fill staff vacancies on the day of inspection. Staff spoken with told inspectors that they felt the management team were approachable and responsive to issues raised.

Residents provided positive feedback about their care experience in the centre. When asked about staff responsiveness, the majority of residents told inspectors that staff were quick to respond to their requests and that they were never left waiting for support. One resident told inspectors that staff are usually quick to respond to their call, however, they stated that "sometimes I could be waiting up to 5 or 10 minutes if I need somebody during the time of staff handover".

In general, residents told inspectors that they were "very happy here" and had no concerns regarding their care and the quality of the service they received. Another

resident told inspectors "I'm much more settled now, it just took time but I really am very happy. I'm part of the furniture now and I'm not going anywhere!"

There was an inclusive and social atmosphere observed in the centre. Residents were seen congregating in the reception area throughout the day where there was plenty of comfortable seating available. Many residents were quite independent and knew each other well, referring to one another by name and expressing a good personal understanding of each other. Residents told inspectors "I've formed good friendships in my time here" and "I have lots of friends here".

Residents spoke highly of the staff who cared for them in Esker Ri. When speaking with inspectors, one resident pointed to a staff member and told inspectors that the staff member was "a wonderful fellow, he really is good to me. They all are". Throughout the day, residents and staff were observed engaging effortlessly with one another, in a comfortable and natural manner. Many residents knew the staff by name and there were several staff members who had worked in the centre for a number of years. Residents also told inspectors that they felt secure living in the centre, with one resident stating "I couldn't be in a safer place".

Inspectors observed the meal time experience for residents. Residents had a choice of beef stew or Cajun chicken served with fresh vegetables and potatoes followed by dessert. Staff were observed being attentive to residents during mealtimes, providing good levels of supervision and appropriate, gentle support where required.

There was an air of excitement in the centre on the day of inspection, as there was a Daisy awards ceremony being held at 2pm for staff nurses. Residents, family members and staff were in attendance. In the lead up to the ceremony, residents were gathered in the reception and were chatting together about the upcoming event. Some residents were observed applying their own make-up before the event and others told inspectors that they had dressed up for it. Residents explained to inspectors that they had been voting in advance to nominate a nurse they felt deserved the Daisy award, with many speaking of how difficult it was to select just one person. Inspectors observed the awards ceremony, during which, a number of residents spoke about their personal care experiences and their appreciation for the staff nurses in the centre. One resident in their speech, spoke of how one nurse was "one of the many saints that work here".

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

Capacity and capability

Overall, this inspection found that this was a well-managed centre where residents were receiving good standards of person-centred, safe care. The registered provider had ensured that there were effective management systems in place to oversee and maintain these standards.

This was an unannounced inspection carried out by three inspectors of social services over the course of one day, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the compliance plan received from the previous inspection which was held in May 2025, unsolicited information received, and statutory notifications submitted by the provider since the last inspection.

Inspectors found that the compliance plan submitted by the provider in response to the findings of the previous inspection had been implemented in full.

The registered provider of Esker Ri Nursing Home is Blackden Limited which is part of the Evergreen Care Group. There was a well defined management structure in place. The person in charge reported to the Operations Manager and was supported in their role by a dedicated staff team consisting of an assistant director of nursing, a team of staff nurses and healthcare assistants. Housekeeping staff, activities co-ordinators, catering, maintenance and administration staff made up the remainder of the staffing compliment in the centre.

There were adequate resources available on the day of inspection to ensure that residents' needs were met in a timely manner. There was evidence of consistent governance and oversight in the centre, with clinical governance meetings being held on a regular basis. There was an annual review completed for 2024 where the provider had identified areas for service improvement, and there was a clear action plan established to ensure improvements were implemented. An audit schedule was also in place to ensure that key areas of care provision were reviewed on a regular basis. Examples of audits completed included audits of restrictive practices, wounds, food and mealtimes and falls audits. These audits clearly set out the audit findings and where required, quality improvement plans were developed to ensure high standards of care were provided to residents on an ongoing basis.

The inspector found that there were an appropriate number of nursing and care staff on duty in the centre to ensure that the service provided to residents was safe, and that residents' assessed needs were met in a timely manner. There were a number of staff vacancies on the day of inspection, including healthcare assistants and catering staff, with the registered provider actively recruiting to fill those vacancies. Rosters were being covered by a combination of the centre's own staff and agency staff. A number of staff spoken with on the day of inspection told the inspectors that they enjoyed working in Esker Ri Nursing Home. Staff also told inspectors that they felt supported by the management team and by their peers. Staff also felt that they had good access to training in the centre, including training in safeguarding and fire safety. Staff told inspectors that they felt confident in the

centre's fire safety precautions and that they regularly participated in fire drills and evacuation simulations.

Inspectors reviewed a sample of four staff files, which included a variety of roles. These records demonstrated that staff had valid Garda vetting in place which was obtained prior to them working with residents. In addition, on commencing their employment in the centre, staff underwent a robust induction programme lasting a minimum of six weeks, and probationary period. Staff also had an opportunity for routine staff appraisals which they felt supported their development within their roles.

Regulation 15: Staffing

On the day of inspection, the number and skill mix of staff was appropriate having regards to the needs of the residents and the size and layout of the centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a suite of training. There were high levels of compliance with mandatory trainings including fire safety, managing behaviour that is challenging and safeguarding training. A review of staff files demonstrated the supervision arrangements in place for staff and staff had opportunities for routine appraisals.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had maintained a directory of residents which was available for review by inspectors. The Directory contained all information specified in paragraph (3) of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The inspectors reviewed a sample of four staff files and found that they met the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had in place a contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Inspectors reviewed a sample of audits, staff meetings and residents meetings and found that where improvements were identified, there were clear quality improvement plans developed and implemented.

An annual review for 2024 was also completed and made available to inspectors. This review had been completed with input from residents and families and robust quality improvement plans had been established to address issues highlighted by the review.

Arrangements were in place to facilitate staff to raise concerns about the quality and safety of care and support provided to residents.

Judgment: Compliant

Quality and safety

Residents living in Esker Ri Nursing Home were receiving a high standard of care, where a dedicated team of staff promoted their will and preferences. This ensured that residents had a good quality of life whilst living in the centre. Residents' needs were being met through well-established access to healthcare services and good opportunities for meaningful social engagements.

Staff showed a good knowledge of residents' assessed needs. The inspectors reviewed a sample of eight care plans, including food and nutrition, communication,

and safeguarding care plans. On admission to the centre, residents' had their needs comprehensively assessed. Assessments were repeated at regular intervals and in response to need where there were changes to their conditions. Care plans were written in a person-centred manner and contained detailed information about the resident to guide the staff in providing appropriate and good quality care. There was evidence of family involvement in the care planning process, where residents were unable to fully participate in their own care planning.

Residents had good and timely access to medical practitioners and to other allied health professionals including physiotherapist, speech and language therapist and dietitian. Where required, residents were referred to these professionals and were reviewed in a timely manner. There was evidence that where recommendations were made, these recommendations were accurately incorporated into the residents' care plans to inform appropriate, good quality care delivery by members of the staff team.

Residents who spoke with the inspector said they felt safe and secure living in Esker Ri Nursing Home. Independent advocacy services were available to residents should they wish to avail of them, and information about advocacy support was available in prominent locations in the centre.

Inspectors spoke with residents about receiving visits from family and friends. All residents and visitors spoken with reported that there was no restrictions to visiting in the centre. Residents also told inspectors that they could choose where to receive their visitors. Many residents said they preferred to receive visitors in their own rooms, but they were also aware of other private and communal spaces available to them to meet visitors in. There were many visitors present in the centre on the day of inspection. The inspectors spoke with two visitors. Overall they expressed their satisfaction with the quality of care provided to residents and the level of communication between staff and families.

Appropriate measures were in place to protect residents from the risk of fire. The registered provider had completed all actions committed to in the compliance plan from the previous inspection, including carrying out a full review of all fire doors in the centre and completing repairs to fire doors where repairs were required, to ensure effective containment in the event of a fire emergency. Regular fire drills were taking place in the centre, and staff spoken with demonstrated a knowledge of the fire safety measures in place and processes to be followed in an emergency.

Regulation 11: Visits

The registered provider had a written visiting policy in place. The visiting arrangements were not restricted. There were several communal spaces for residents to meet their visitors in private.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire, and suitable fire fighting equipment was available. Staff had access to fire safety training and there were good levels of compliance with this training. There was an adequate means of escape available which included emergency lighting. Fire drills were completed on a regular basis and staff and residents spoken with were familiar with the procedure to be followed in the event of a fire emergency.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of residents' care plans and found that comprehensive assessments were completed on admission and care plans were developed within 48 hours following admission. There was evidence of resident and family involvement in the care planning process. Care plans were updated at four monthly intervals or more frequently in response to need.

Judgment: Compliant

Regulation 6: Health care

Residents had good, timely access to medical professionals and to other allied health professionals. Where required, referrals to medical and allied health professionals were made and residents were promptly reviewed. Recommendations made were incorporated into the residents' care plans in a timely manner.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken reasonable measures to protect residents from abuse. All staff had completed training in the detection, prevention and response to

abuse. Where allegations of abuse had been made, the person in charge had completed an investigation into the incident as required by the regulations.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant