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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:	29 May 2025
Centre ID:	OSV-0000733
Fieldwork ID:	MON-0047250

## 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:	121
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## 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
Thursday 29 May 2025	08:30hrs to 17:00hrs	Sarah Armstrong	Lead
Thursday 29 May 2025	08:30hrs to 17:00hrs	Karen McMahon	Support

## What residents told us and what inspectors observed

In general, residents provided inspectors with positive feedback regarding the standard of care and the quality of the service they received in Esker Ri.

Residents told the inspectors that they felt safe living in the centre. One resident commented "I love my room" and when asked about their overall experience living in the centre, the resident told inspectors "I haven't a grumble" adding that staff were quick to respond to their needs and they enjoyed the range of activities and food offered. Another resident told the inspectors that the staff were "so helpful and friendly" and that they were never left waiting for assistance when they required it. Inspectors also spoke with a resident who explained that they had only recently moved to the centre on a long term basis having had a positive experience availing of respite care in Esker Ri previously. Another resident was availing of respite services on the day of inspection, and this resident told inspectors that they plan to extend their stay in the centre due to the positive progress they were making following recent surgery.

Although the majority of residents spoken with on the day of inspection shared their positive experiences with inspectors, some residents did express dissatisfaction with aspects of the service they received. In particular, the quality and choice of food provided, with some residents stating that the food was tasteless and sometimes not hot enough. Other residents told inspectors that they were sometimes left waiting for staff to respond to their needs and others felt that at times staff were "very busy".

Esker Ri is a three storey building situated outside the village of Clara in Co. Offaly. It is registered to cater for a maximum of 143 residents with residents' accommodation available on all floors.

On the morning of the inspection, the inspectors held an introductory meeting with the person in charge, who also facilitated a walk around the centre. In general, inspectors found the centre to be clean and tidy throughout. There was a leak along one corridor which became evident on the day of inspection due to heavy rain that day. The provider was actively seeking to resolve this issue and had put interim safety measures in place.

Many areas of the centre were nicely decorated with various pieces of artwork displayed, many of which were created by residents themselves. Residents' bedrooms were often identified by personal items on their doors and memory boxes containing personal items and photographs outside their rooms. Residents' bedrooms were observed to be spacious and homely and were furnished with residents' own belongings. However, some areas of the corridors were bare and were found to have a lack of notable landmarks to help residents to orientate themselves within the home. The person in charge had identified this and an action plan had been developed to further enhance these areas of the centre in the near

future. Furthermore, on the day of inspection, there was an intercom system in operation which played staff announcements throughout the building. Inspectors observed this to be loud and disruptive to the residents, which also took away from the homely environment of the centre.

The corridors throughout the centre were suitably wide and were fitted with handrails to support residents to mobilise independently and safely. Whilst many residents were observed to be making use of the communal areas on the day of inspection, inspectors also noted some residents spending time in their own bedrooms. When inspectors spoke with these residents, they told inspectors that they preferred to spend time in their room watching their favourite programmes or reading, and were grateful to the staff for respecting their choice.

There were enclosed outdoor areas which were accessible from the ground floor main corridors. These areas were well maintained and had brightly painted furniture for residents to sit and relax in during good weather. In particular, wing A had large colourful murals of bulrushes, frogs and swans for residents to enjoy. Inspectors also observed well maintained raised flower beds and a vegetable bed where residents were growing a collection of herbs and vegetables.

Interactions between staff and residents observed on the day of inspection were gentle and respectful. Staff and residents appeared to know each other well and there was a calm and unhurried approach to care provision on the day of inspection. There was a programme of activities available for residents to avail of, which on the day of inspection included card games, baking, exercise classes, live music and singalong, skittles and comedy. Residents were observed participating in the different activities and they appeared engaged and content, many of whom were chatting together and with staff. Residents spoken with knew how to find out what activities were planned each day so they could plan their own days accordingly.

On the day of inspection, there appeared to be a good choice of food available at meal times. For lunch, residents had a choice of roast leg of lamb or breast of chicken served with vegetables and potatoes and for tea residents could choose from options including sausage roll and chips, a selection of sandwiches, pancakes, French toast or sausage, rashers and eggs. When speaking about the food in the centre, one resident told inspectors "they change it around a good bit and if there's something you don't like they'll look after you. They're very good that way".

The next two sections of this report set out the inspection findings under the dimensions of capacity and capability and quality and safety and provide details in respect of the governance and management arrangements in place in Esker Ri and how these arrangements impact on the quality of the service provided to residents.

## Capacity and capability

Overall, inspectors found that the recent changes to the management within the centre had brought about improvements in the oversight of safety systems and the quality of care provided, which had enhanced the lived experience of the residents living in Esker Ri. The provider and staff team were committed to a process of quality improvement within the service and had placed a focus on respect for residents' human rights, in particular.

This was an unannounced inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The registered provider of Esker Ri Nursing Home is Blackden Limited. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. The person in charge was supported by a named provider representative and an assistant director of nursing. Other staff members included clinical nurse managers, nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff.

From a review of the staff roster and communication with staff and residents, the inspectors found that in general, the service had appropriate staffing numbers in place to meet the needs of the 118 residents living in the centre, on the day of inspection.

Staff had access to relevant training and the registered provider had a robust oversight system in place to ensure all staff training was up to date. New employees were supported in their roles through a comprehensive induction programme which included assigning a more senior member of staff as a named support for them, during the course of their induction. All staff had a written record of induction kept on file.

The quality and safety of care was being monitored through a programme of audits with associated action plans to address any deficits identified during the auditing process. Key performance indicators were also used to support the monitoring of clinical care practices in areas such as falls, incidents, infections, wounds and restraints. There was a detailed overall quality improvement plan in place for the centre, with time bound action plans and commitment from the registered provider to implement improvements.

While there were significant improvements identified in the general running of the centre and the quality of care being delivered to residents, further improvements were required in respect of the oversight of fire precautions. This is further discussed under Regulation 23: Governance and management and Regulation 28: Fire precautions.

## Regulation 15: Staffing

<p>There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre.</p> <p>There was at least one registered nurse on duty at all times.</p>
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
<p>The person in charge had ensured that staff had access to appropriate training and were appropriately supervised at all times. Staff had access to relevant regulatory documents and clinical guidance documents including, Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), Standards for Infection prevention control and National policy around the use of restraints.</p>
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
<p>The registered provider had failed to ensure that all the systems in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored were effective. For example;</p> <ul style="list-style-type: none"> <li>• Oversight systems had not identified the fire safety concerns found by inspectors on the day of inspection, as set out under Regulation 28: Fire precautions.</li> </ul>
Judgment: Substantially compliant
<b>Regulation 24: Contract for the provision of services</b>
<p>Inspectors reviewed a sample of five residents' contracts which included details of the allocated bedrooms and the services to be provided.</p>
Judgment: Compliant



## Regulation 34: Complaints procedure

There was a policy in place for dealing with complaints which included a review process. The policy was displayed in prominent locations throughout the centre. A sample of four complaints were reviewed and complaints were found to be managed in line with the centre's own policy and the requirements of the regulations. Complainants were provided with a written response to their complaint within the required time frames and residents spoken with on the day of inspection understood what to do if they wished to make a complaint.

Judgment: Compliant

## Quality and safety

Overall, inspectors found that residents were receiving a good standard of care that supported and encouraged them to actively enjoy a good quality of life, where their rights were respected and promoted. Dedicated staff working in the centre were committed to providing quality care to residents, and the inspectors observed that the staff treated residents with respect and kindness throughout the inspection.

The health and well-being of residents was promoted and residents were given appropriate support and access to health professionals to meet any identified health care needs. Residents who required assistive equipment to mobilise were found to have access to the appropriate aids to promote their independence. Inspectors also found that residents were supported to access health screening services under the National Screening Service.

Inspectors reviewed a sample of safeguarding care plans in place for residents, alongside records of safeguarding incidents, including peer to peer incidents. The person in charge had completed thorough investigations of all safeguarding incidents and clearly documented the outcome of the investigation and learnings or mitigating measures identified to reduce the likelihood of future reoccurrence.

Residents were referred for a review by appropriate professionals such as their GP or psychology of later life in a timely manner as appropriate, and efforts were made to manage behaviours that challenge in a manner which was the least restrictive as possible.

Residents' care plans were found to be person centred and contained sufficient details to guide staff to understand residents' individual needs and preferences. Where residents exhibited responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), inspectors found that care plans clearly set out potential behavioural triggers specific to that resident along

with de-escalation techniques. However, further assurances were required around the use of restraint in the centre and this is further described under Regulation 7: Managing behaviour that is challenging.

Residents' meetings were being held on a monthly basis, with good participation from residents across all units of the centre. The records of these meetings indicated that the residents were being consulted about and participated in the organisation of the centre. Suggestion boxes were also available to residents to provide their feedback on the service they received.

Where residents' bedroom accommodation was shared, inspectors found these spaces to be laid out in a way that promoted each residents' privacy and dignity. Residents had adequate space to store their belongings and there was lockable storage adjacent to residents beds where they could keep their personal items safe and secure.

In addition, although the registered provider had ensured staff were trained in fire prevention and emergency procedures and there was evidence of regular fire drills taking place in the centre, further assurances were required in respect of the oversight of fire safety. This is described further under regulation 28: Fire precautions.

## Regulation 18: Food and nutrition

Residents had access to a safe supply of fresh drinking water at all times. Choice was offered at all meal times and residents had access to a variety of refreshments and snacks, throughout the day of inspection.

Food was cooked on site and there was a good communication system in place between clinical and catering staff to ensure food was prepared and served as prescribed by health care or dietetic staff, based on nutritional assessment and in accordance with the resident's person centred care plan.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had failed to ensure arrangements in place for the detection, containing and extinguishing of fires were effective. For example;

- The fire blanket in the smoking room had not been checked in line with fire safety regulations, so did not assure inspectors that it would be effective in

<p>extinguishing a fire, should one occur.</p> <ul style="list-style-type: none"> <li>• A number of fire doors, on the day of inspection, were noted to have substantial gaps that could not assure the registered provider that they would be effective in containment, in the event of a fire.</li> </ul>
Judgment: Substantially compliant
<b>Regulation 6: Health care</b>
<p>Residents had access to a medical practitioner of their choosing or who was acceptable to them. Residents also had good access to other health and social care professionals and were supported to access routine screenings under the National Screening Service.</p>
Judgment: Compliant
<b>Regulation 7: Managing behaviour that is challenging</b>
<p>Inspectors reviewed a sample of residents' behavioural support care plans and found that these care plans provided clear and detailed information in respect of behavioural triggers and de-escalation techniques to be used by staff, starting with measures which were least restrictive on the resident. Where required, risk assessments were in place and inspectors found evidence of regular involvement from the multi-disciplinary team including GP and psychiatry of later life.</p> <p>However, the person in charge had not ensured that all staff had up to date training in the management of behaviour that is challenging. Inspectors found that 11 staff had not completed training in behavioural support. Furthermore, the registered provider had not ensured that restraint was at all times, used in accordance with national policy. For example, one resident had an alarmed sensor mat in place with no evidence of the resident's consent being obtained for its use.</p>
Judgment: Substantially compliant
<b>Regulation 8: Protection</b>
<p>The registered provider had taken all reasonable measures to protect residents from abuse. All staff were found to have up to date training in the detection and prevention of and responses to abuse. Inspectors reviewed a sample of residents' care plans and safeguarding incident reports. These demonstrated that the person</p>

in charge had conducted robust investigations into incidents and allegations of abuse. These investigations set out key learnings which informed good practice to help mitigate risks of future incidents.

Judgment: Compliant

### Regulation 9: Residents' rights

There were facilities for residents' occupation and recreation, and opportunities to participate in activities, in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer.

Residents had unrestricted access to TV, radio, internet and newspapers, and were supported to vote whilst living in the centre.

Arrangements for accessing an advocacy service were displayed in the centre.

Residents were provided with the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents meetings and taking part in resident surveys. Residents told the inspector that they could exercise choice about how they spend their day, and that they were treated with dignity and respect.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Esker Ri Nursing Home OSV-0000733

Inspection ID: MON-0047250

Date of inspection: 29/05/2025

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The weekly fire safety checklist has been reviewed and updated to ensure compliance. The GM will continue to be review weekly and ensure adherence to Reg 28 is maintained. Completed on 30.05.2025.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The identified fire blanket was replaced with a new fire blanket, in accordance with fire safety regulations, to ensure effectiveness, in the event of a fire. Completed 18/06/2025.  The fire doors identified during the inspection were reviewed by an external fire contractor on 17/06/2025. Repairs commenced on 04/07/2025 and were completed by 10/07/2025.  Additionally, the external contractor reviewed all areas in the Home , some further works, for example ,replacement of intumescent strips /hinge and door frame adjustments were also completed ,to ensure compliance with fire containment requirements .	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>All staff are up to date with managing behaviour that is challenging. Completed 27/06/2025.</p> <p>All consent forms related to the use of restrictive practices have been reviewed and updated ,using a new format. Completed 18/06/2025.</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 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	30/05/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	10/07/2025
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	27/06/2025
Regulation 7(3)	The registered provider shall ensure that, where	Substantially Compliant	Yellow	18/06/2025

	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.			
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