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:	Tymon North Community Unit
Name of provider:	Health Service Executive
Address of centre:	Tymon North Road, Tallaght, Dublin 24
Type of inspection:	Unannounced
Date of inspection:	27 November 2025
Centre ID:	OSV-0007793
Fieldwork ID:	MON-0048367

About the designated centre

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

Tymon North Community Unit opened in March 2020. The centre can accommodate 48 residents, primarily for male and female dependent older persons, over the age of 18 years. The following categories of care are provided: Long-term residential and respite specific care needs catered, general nursing care, active elderly, frail elderly, dementia/Alzheimer's, physical disability, intellectual disability, psychiatry of old age, and general palliative care. There are three floors in Tymon North Community Unit, the ground floor accommodates the day care and other rooms, 1st Floor has two units namely Clover and Primrose and the second floor has two units named as Cherry blossom and Bluebell. and is located centrally with local services in reach, e.g. frequent bus routes, community centre, Tymon Park, local library shops and a pub is nearby. Tymon North Community Unit provides a residential setting wherein residents are cared for, supported and valued within a care environment that promotes the health and well being of residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47

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 27 November 2025	08:00hrs to 16:00hrs	Sarah Armstrong	Lead
Thursday 27 November 2025	08:00hrs to 16:00hrs	Bernadette McDonald	Support

What residents told us and what inspectors observed

Overall, the residents in Tymon North Community Unit were being well cared for by a dedicated and caring staff team. Interactions between staff and residents were kind and respectful, with staff and residents appearing to know each other well. In speaking with inspectors, many residents referred to members of the staff team by name.

On arrival to the centre, the inspectors met with the person in charge and the assistant director of nursing. After an introductory meeting, the inspectors completed a walk around the centre with the person in charge. During the walkaround, inspectors observed residents and staff getting organised for the day ahead. The centre was warm and bright and there was a calm and relaxed atmosphere throughout the day. The inspectors spoke with eight residents on the day of inspection as well as with staff and a small number of visitors. Overall, feedback was mostly positive. In their feedback about the service, residents spoke highly of the staff who cared and supported them. One resident told inspectors "the staff here are very nice, I get on great with them". Another resident introduced a staff member to the inspectors, stating "this is my best pal".

Residents were observed to be in clean clothes and hair nicely done to their preference, with residents' choice and personalities reflected in their appearance. For example, some residents were observed wearing jewellery which complimented their clothing choice for the day, which residents told inspectors they chose themselves.

Residents living in Tymon North Community Unit were provided with opportunities to engage in meaningful and creative activities. For example, in the reception area on the ground floor, inspectors observed a number of hampers which were prizes for an upcoming Christmas raffle. Residents told inspectors that they had enjoyed putting the hampers together and were looking forward to the raffle which was to be held at the centre's Christmas party. In addition, a bric-a-brac shop had been established in the centre. Some residents worked in the shop which stocked items such as donated costume jewellery, clothing and artwork. All the money raised went into a comfort fund to benefit residents. There was an old style cash register for residents to use when running the shop, and staff supported residents with the financial transactions as required. Staff spoken with told inspectors that the shop was "a great success" and that it "gave the residents a sense of purpose in their day".

Residents were seen utilising the communal spaces for social engagements and activities on the day of inspection. Puzzles and games were openly available in day rooms for residents to access as they wished. Day rooms were spacious and furnished with many homely features such as fire places and display cabinets, and residents' artwork was displayed on the walls. Murals of animals and flowers were

also displayed on corridors in the centre to support residents to orientate themselves within their home, which supported residents in maintaining their independence.

Residents who spoke with the inspectors referenced how they enjoyed the activities provided, which they said included group outings and going to the shops. A 'Men's Club' had been formed in the centre which provided male residents an opportunity to socialise together. The Men's Club met on the day of inspection and residents who spoke with the inspectors were complimentary of the club. One resident told inspectors "we were playing poker today".

Residents provided positive feedback about the food available. One resident told inspectors "the food is very good. I have to say I like it a lot". Residents also complimented the choice of food available. Inspectors observed the dining experience for residents and found that it was a positive experience which provided an opportunity for social interaction with peers and staff. There was an appropriate number of staff to supervise and assist at meal times, both in communal dining spaces and also to support residents who wished to dine in their bedrooms. Residents had a choice of lamb or salmon with potatoes and vegetables for their main meal, followed by dessert. Meals were well presented and looked appealing to eat. Some residents required support from staff to eat their meals, and where this was required, staff were assisting residents in a dignified manner. Staff were also seen to be encouraging residents with their food and fluids during the meal time experience.

Staff spoken with told the inspectors that they enjoyed working in Tymon North Community Unit and they felt supported in their roles by the management team. Staff were knowledgeable about residents' individual health and social care needs.

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

This was an unannounced inspection carried out by two 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 inspectors also followed up on statutory notifications submitted by the provider, and unsolicited information received since the last inspection.

Overall, inspectors found that this was a well-run centre with good governance and management systems in place. Residents living in the centre were supported to live a good quality of life and received a high standard of quality care. The inspectors followed up on the compliance plan received from the previous inspection carried

out in January 2025 and found that all actions committed to as part of the compliance plan had been addressed. One room used by residents required a call bell to be installed. However, the registered provider had already addressed this with the contractor and was in the process of organising the installation of the call bell facility in the visitor's room in Primrose unit.

The inspectors reviewed a sample of audits, including call bell and care plan audits, and found that where required, the registered provider had put in place clear quality improvement plans to address issues identified.

The registered provider for Tymon North Community Unit is the Health Service Executive (HSE). There was a clearly defined management structure which identified lines of accountability and responsibility for the service. The person in charge is responsible for the centre's day-to-day operations and reports to the general manager for older person services. The person in charge worked full time in the centre and was supported in their role by an assistant director of nursing (ADON), and clinical nurse managers. A team of staff nurses, health care assistants, activities coordinators, administrative staff, catering, household and portering staff made up the remainder of the staffing compliment in the centre.

Staff were observed to know the residents well and to provide dignified and person centred care to them. On the day of inspection, there were adequate staffing resources available to ensure that care was provided in accordance with the centre's statement of purpose, and to meet the assessed needs of the 47 residents living in the centre. When call bells rang, staff were generally seen to respond to residents without delay, and there was a calm and unhurried atmosphere thoroughout the centre. However, inspectors did observe one resident in their bed who did not have a call bell placed within their reach, which impacted on their ability to call staff should they require assistance. This resident told the inspectors that they were seeking support of staff to get out of bed for their lunch.

Inspectors reviewed the complaints policy and the complaints register for the centre, along with a sample of complaints. Inspectors found that complaints were managed in line with the policy. Information on the complaints process was displayed in prominent locations within the centre. Residents who spoke with inspectors demonstrated an understanding of the complaints process and told inspectors that they felt comfortable to raise concerns about their care experience should they have any.

On commencing employment in the centre, staff underwent a robust induction programme and probationary period. Staff in the centre said they felt supported in their roles by the management team and by their peers. There was evidence of staff appraisals taking place annually which offered opportunities for continued development for staff.

The inspectors reviewed a sample of four staff files, including the most recently recruited staff member. Evidence of identity, qualifications, professional registration and references were held on file in the centre. Inspectors reviewed the garda

vetting records for staff and found that the garda vetting was up-to-date and had been obtained before staff commenced employment in the centre.

Regulation 15: Staffing

The number and skill mix of staff was appropriate having regard to the layout of the centre. There were adequate staffing resources available to ensure that care was provided in accordance with the centre's statement of purpose and to meet the assessed needs of the residents. There was one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and there were arrangements in place to ensure staff working in the centre were appropriately supervised.

Judgment: Compliant

Regulation 21: Records

Inspectors reviewed a sample of four staff files which included a variety of staff roles and a recently recruited staff member. Inspectors found the files to be in compliance with Schedule 2 of the Regulations. There was valid garda vetting in place for each member of staff which had been obtained prior to commencement of employment.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that there was sufficient resources available to ensure the effective and safe delivery of care to residents. There was a clearly defined management structure in place which set out clear lines of authority and accountability. An audit schedule was in place and from a review of completed audits, the registered provider was self-identifying areas for service improvement.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and this had been updated in line with revised regulatory requirements. The complaints procedure was prominently displayed throughout the centre. Records of complaints were maintained, and the inspectors observed that complaints were acknowledged and investigated promptly and in line with the required time frames. Complaints records detailed the resolution of complaints and whether or not the complainant was satisfied with the outcome of their complaint.

Judgment: Compliant

Quality and safety

Overall, residents in Tymon North Community Unit were in receipt of a good standard of care. Staff working in the centre were familiar with their needs and preferences. Residents had good access to medical support and there were arrangements in place for out of hours services if required. Residents also had good access to allied health care professionals, including a physiotherapist who was available onsite four days per week. Residents also had access to an in-house tissue viability nurse. There were arrangements in place for residents to avail of other services including occupational therapy, speech and language therapy and dietitian. Inspectors saw evidence that appropriate referrals to medical and allied health care professionals were made in a timely manner, and reviews were taking place where required.

The inspectors reviewed a sample of seven care plans, including communication, breathing and circulation, continence and elimination, and social care plans. Residents were seen to have been assessed using validated assessment tools, and care plans were developed from these assessments within 48 hours of admission. The care plans were person-centred and included sufficient detail to direct staff in caring for the resident. Care plans reviewed had all been updated within the last four months, as is required by the regulations, and there was evidence that residents and their families were involved in the care planning process. Where residents were reviewed by other professionals, for example, a physiotherapist, recommendations made by that professional had been accurately incorporated into the residents' care plan in a timely manner. Staff spoken with were knowledgeable about the residents' care needs.

Inspectors reviewed the centres' restraint register in line with restrictive practices observed on inspection, and the detail as set out in those residents' care records. From this review, inspectors found that restrictive practices used were clearly detailed in the residents' care documentation and there was evidence of input from the multi-disciplinary team, as appropriate. There was also evidence that less restrictive alternatives were trialled before arriving at a decision on a more restrictive means of restraint. Consent had been obtained from the residents or their representatives as appropriate, for the use of restraint . However, not all staff were found to have up to date training in the management of behaviours that challenge. This is discussed further under Regulation 7: Managing behaviour that is challenging.

Overall, the premises was well laid out to meet the needs of the residents who lived in the centre. On the day of inspection, the centre was clean and tidy. Residents' bedrooms were nicely furnished and residents had been encouraged to decorate their rooms as they wished, with personal items such as photographs and ornaments. Residents told inspectors that this helped them feel more at home. Picture boxes were wall-mounted outside residents' bedrooms. These included items such as photographs, and provided details about each residents' interests which aided staff in having meaningful and person-centred communication with residents. The centre was warm and well-lit and there was plenty of communal space and comfortable seating available.

Residents had access to a number of outdoor areas which had, for the most part, unrestricted access. One outdoor space in Clover unit was accessed via swipe card. This area required some residents to be supervised due to the positioning of flower beds against a balcony screen, which could present a risk to residents if unsupervised. This arrangement did not impact on residents' rights to access this space whenever they wished to do so, as residents told the inspectors that staff were always available to assist. All outdoor spaces were well-maintained and there was plenty of outdoor seating available.

Residents were observed taking part in activities during the inspection, including one-to-one activities and group activities. There was a weekly activities schedule in place and a dedicated activities coordinator was on duty seven days each week to ensure residents' social and recreational needs were met, with access to meaningful activities each day. Residents also had access to independent advocacy services and information about advocacy services was prominently displayed in a number of locations throughout the centre. Residents were also supported to attend regular residents' forum meetings which provided them an opportunity to give feedback on the service provided to them.

Regulation 17: Premises

The inspectors found that the premises was appropriate to the number and needs of the residents living in the centre and conformed to the matters set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' health and social care needs were assessed on admission to the centre and person-centred care plans were developed in line with residents' comprehensive assessments. There was evidence that care plans were reviewed no later than at four monthly intervals, or more frequently where required in response to changes in residents' needs. Residents and their families, where deemed appropriate, were involved in the care planning process.

Judgment: Compliant

Regulation 6: Health care

Residents were supported by good, timely access to medical professionals along with other health and social care professionals including physiotherapists, occupation therapists, tissue viability nurse, speech and language therapist and dietitian. Recommendations made by professionals were promptly and accurately incorporated into the residents' care plans.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspectors reviewed the centre's restraint register. Where restraints were used, appropriate assessments had been carried out. There was documented evidence of less restrictive measures being trialled prior to making a decision on the type of restraint used. Decisions to use restraint were made in consultation with residents or their families where appropriate. There was documented evidence of involvement from other professionals including medical practitioners and physiotherapists where required.

Staff had access to training on managing behaviour that is challenging. However, the centre's own policy on managing behaviours that challenge required all staff with direct resident care responsibilities to complete this training every two years.

On the day of inspection only 38% of staff directly involved in care provision were up-to-date with this training. Therefore, not all staff had up-to-date knowledge and skills to respond to and manage behaviour that is challenging.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents had good opportunities to participate in activities in accordance with their interests and capacities. Residents were supported to exercise choice in their daily lives and could undertake personal activities in private. The registered provider had also ensured that residents had access to telephone facilities, televisions, radios and newspapers to keep up-to-date with current affairs. The inspectors reviewed a sample of residents' meeting minutes and found that these provided residents' with an opportunity to participate in the organisation of the centre.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tymon North Community Unit OSV-0007793

Inspection ID: MON-0048367

Date of inspection: 27/11/2025

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 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

• Nursing Management team review the designated centre's training tracker log and generate an action plan to address identified training gaps in particular managing behaviour that is challenging – 30/03/26 and ongoing thereafter

• Centre's existing systems for monitoring of the application of the centre's existing management of residents with responsive behaviours policy reviewed and updated - 31/12/25 target for completion

• Designated Centre scope out the option to generate an onsite "train the trainer" resource for Prevention and management of Violence and Aggression (PMAV) training - 19/11/2026 target for completion

• Target staff training programme (all direct resident care facing staff) on the management of responsive behaviours in people with dementia to address identified training deficit with a refresher training follow up every two years - 30/03/26 and ongoing thereafter

• Nurse management team to complete a review the management of responsive behaviour three months post training initiative to ensure effective application of training knowledge to everyday work practices - 30/03/26 and ongoing thereafter

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 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	19/11/2026