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

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| Name of designated centre: | Atlanta Nursing Home |
| Name of provider: | Atlanta Nursing Home Limited |
| Address of centre: | Sidmonton Road, Bray, Wicklow |
| Type of inspection: | Unannounced |
| Date of inspection: | 23 March 2026 |
| Centre ID: | OSV-0000010 |
| Fieldwork ID: | MON-0049588 |

## About the designated centre

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

The centre is based in a town with access to shops and other amenities such as restaurants and cafes. The centre was originally two private residences and has been converted in to a three- storey centre offering places for up to 43 residents. The centre offers a service to male and female residents over 18 years of age, following an assessment to ensure their needs can be met in the centre. The centre supports residents with low to maximum dependency needs for full time residential care, respite care, convalescence and post-operative care. There are a mixture of single rooms with en-suite, double rooms, and one triple room. There are 10 rooms on the ground floor, eight on the middle and 10 on the top. There are no day services provided in the centre.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 38 |

## 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 |
|---|---|---|---|
| Monday 23 March 2026 | 10:25hrs to 16:25hrs | Laurena Guinan | Lead |

## What residents told us and what inspectors observed

Residents living in Atlanta Nursing Home expressed positive feelings about living there, describing it as 'a real home' and the staff as 'fantastic'. This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also followed up on the compliance plan from the previous inspection, and statutory notifications submitted to the Chief Inspector since the last inspection in April 2025.

The centre was set in a period property spread over three floors, with an extension on the ground floor. Resident accommodation was on all floors, and access between floors was via stairs and lifts. On the ground floor, residents had access to a sitting room, dining room, a large conservatory and a smaller conservatory. All the communal rooms were tastefully decorated, comfortable and tidy. There was a high standard of cleanliness throughout the centre, and there were ample hand wash basins, hand gel dispensers, and gloves and aprons available on all floors. There was access to a secure courtyard from the conservatory and from some of the bedrooms. This area was well-maintained and residents commented on it being a pleasant place to enjoy the fresh air.

The inspector saw a number of residents' bedrooms and they were clean and tidy, with many personalised with their own belongings. The centre had a mix of single and twin bedrooms, and one triple room. The triple room and one of the twin rooms seen on the day of inspection were occupied by residents who had significant mobility needs who required the use of a hoist or mobility aids. The inspector saw that there was limited space between and around the beds for the movement and storage of mobility equipment, and access to shower and toilet facilities for these rooms were on a different floor.

There was a calm, quiet atmosphere over the course of the day and residents and staff were seen to engage in friendly conversation. Most residents chose to have their lunch in the dining room and those who chose to eat in their bedrooms said that their meal was delivered hot. All residents spoken with said the food was tasty and there was a good choice. There was ample staff to assist residents with their meals.

On the morning of the inspection, a well-attended prayer meeting was held in the sitting room, and a large number of residents also took part in chair exercises in the large conservatory. Residents appeared relaxed and friendly in their interactions with staff, with one resident saying that 'staff are so amiable and seem happy to be here'. Visitors were seen coming and going throughout the day, and residents said their families were welcomed at any time.

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

## Capacity and capability

Atlanta Nursing Home Limited was the registered provider of Atlanta Nursing Home, and the inspector saw a robust management structure. One of the directors worked five mornings a week in the centre, and was readily available outside these hours. The person in charge worked full-time and was supported by a team of nurses, healthcare assistants, an activities coordinator, administration, household, catering and maintenance staff. The inspector reviewed staff rosters and saw the centre was well resourced and had a good skill-mix of staff. There was a low turnover of staff, with many staff working in the centre for a number of years.

An annual review for 2025 was available and there was evidence that this had been developed in consultation with residents and their families. The inspector saw a system of audits which identified areas for improvement and action plans to address these areas were in place. However, care plan audits had not identified gaps in care plans seen by the inspector on the day. There was a schedule of staff and resident meetings that showed good two-way communication in the centre, and issues raised at these meetings were seen to be addressed. Most actions from the previous compliance plan had been completed, however, there was no evidence that the dependency levels of residents on one floor where there was no access to a bathroom had been addressed. Five residents in these rooms were assessed as maximum dependency and one was high dependency. Another resident's dependency level had changed from medium to high in November 2025. There was also limited space for manoeuvre within the rooms and within the residents' bed spaces when manual handling equipment and more than one staff member was required. This was brought to the attention of the director and the person in charge who committed to reassessing room allocation and dependency levels, as there were currently five vacant rooms to allow for some movement.

## Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to ensure that residents' needs were met in a prompt manner.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had a valid insurance contract in place.

Judgment: Compliant

## Regulation 23: Governance and management

The management systems in place did not always ensure that the service provided was consistent and effectively monitored. This was evidenced by:

- Care plan audits had not identified gaps in care plans seen on the day of inspection.
- Room allocation did not account for dependency levels which meant that residents who were not mobile were on a floor that did not have access to a bathroom. Additionally, these rooms did not provide adequate space for the movement and storage of manual handling and mobility equipment.

These are repeat findings.

Judgment: Substantially compliant

## Quality and safety

Staff in Atlanta Nursing Home were seen to provide high quality care, and attend to residents in a calm and respectful manner. However, gaps were seen in the documentation of some care plans.

The inspector reviewed a sample of care plans and saw that residents who had been admitted since the last inspection had been assessed and had care plans developed within 48 hours of admission. Residents who had experienced weight loss were assessed using a validated assessment tool and referred to a dietician, and the inspector saw evidence that the residents had been reviewed and recommendations made. Staff were knowledgeable about the recommendations. However, one resident's nutritional assessment differed to the current dietary status recorded in their care plans, and another resident's care plan had not been updated to correctly reflect their current nutritional status. This will be discussed under Regulation 5: Individual assessment and care plan.

Residents who had pressure ulcers had been referred to a tissue viability nurse, and there was evidence that recommendations had been correctly documented and followed. One resident who had ongoing pressure ulcers told inspectors that they had seen the tissue viability nurse a number of times and were due to attend an external consultant for further treatment. A general practitioner(GP) for the majority of the residents attended the centre once a week, and residents who retained the services of different GP's had access to them as required. Staff said there was never a delay in receiving medical attention and there was evidence that residents who became unwell were referred to and seen promptly by a doctor. The centre employed a physiotherapist who worked four days a week and was seen attending to residents on the day of inspection. Residents were also seen to have regular access to a dietician and speech and language therapy.

Staff told the inspectors that there were very few episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) in the centre. Staff were knowledgeable of residents' needs and de-escalation techniques, and residents' care plans were personalised with the relevant information to manage the behaviours. The centre had policies in place for managing behaviour that challenges and the use of restraint. Where restraints such as bed rails were in use, the inspector saw that the resident had been assessed, and consent obtained. The use of the restraint was reviewed on a regular basis and documented in the resident's care plan.

Residents told the inspector that there was a variety of activities to choose from every day, including arts and crafts, singing sessions, bingo and card games. The centre had an activities co-ordinator who worked Monday to Friday, and residents said that there was still plenty to do at the weekends. Some residents chose to spend their day in their bedroom and their choice was accommodated, and all residents said they could spend their day however they chose. Papers were delivered to residents each day, and there was access to TV's and radios in all rooms. One resident who enjoyed knitting had a supply of wool provided and was proud to show presents they were knitting for staff members' new babies. It was clear that staff and residents had developed good relationships and knew each other well. Staff were seen to understand residents' preferences and sense of humour, and all the residents spoken with praised the kindness of staff. The inspector saw minutes of residents' meetings which were well attended and discussed a variety of topics. Requests made at these meetings, such as more fish on the menu, were fulfilled.

## Regulation 5: Individual assessment and care plan

The registered provider had ensured that assessments were completed and care plans implemented within 48 hours of a resident's admission. While many care plans were seen to be detailed and person-centred, and care plans were reviewed at a

minimum of four monthly intervals, not all were updated to reflect the residents' current needs. This was evidenced by:

- Two residents' nutritional assessments did not align with the nutritional status on their care plans, and the care plans had not been updated with the most recent dietician recommendations.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had access to allied health professionals, and recommendations were followed in practice.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Staff displayed good knowledge and skills to respond to and manage behaviour that challenges. Restraint was used in accordance with national policy.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider had ensured that residents had adequate facilities and opportunities to engage in activities, communicate freely and exercise their rights. Residents were consulted about and participated 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 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| **Quality and safety** | |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for Atlanta Nursing Home OSV-0000010

## Inspection ID: MON-0049588

## Date of inspection: 23/03/2026

**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 | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br><br>Immediately put a more robust audit procedure in place to identify any gaps in care plans with more detailed discussion at SMT meetings.<br>Examine the feasibility of the structural and financial feasibility of placing a wet room on the second floor with a chair lift to the returns where there are 2 assisted showers and toilets on each side of the house, and also provide more storage space for manual handling and mobility equipment with an initial report to the SMT / Board of Directors by end of August 2026. There are 5 toilets on this floor. In the interim we will reconfigure Rooms 25 and 24 to afford alternative space for storage with a rota to provide showers for any resident requiring a shower.<br><br>**The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.** | |
| Regulation 5: Individual assessment and care plan | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: | |

Immediately put a more robust audit procedure in place to identify any gaps in care plans with more detailed discussion at SMT meetings.
Immediately update Care Plans as soon as any updated assessments are notified to us.

## 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 | 31/08/2026 |
| 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 that resident's family. | Substantially Compliant | Yellow | 01/05/2026 |