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:	Gormanston Wood Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Gormanston, Meath
Type of inspection:	Unannounced
Date of inspection:	31 March 2026
Centre ID:	OSV-0000131
Fieldwork ID:	MON-0049886

About the designated centre

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

Gormanston Wood Nursing Home is situated across the road from Gormanston beach in Co Meath. It is registered to care for 89 residents both male and female over the age of 18. The centre provides individualised care to residents who require long term residential, convalescent and respite care. The philosophy is to embrace positive aging and place the resident at the centre of all decisions in relation to provision of their care.

The centre is made up of four separate units, Laurel, Cedar, Elm and Beech a dementia specific unit these units are spread over two floors. The centre has 73 single and eight twin bedrooms, all of which have an ensuite bathroom. Residents have access to mature and colourful gardens from each of the four units.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	83

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
Tuesday 31 March 2026	07:30hrs to 16:30hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

This was an unannounced monitoring inspection conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse.

The inspector met with many residents during the inspection, and spoke with 13 residents and three relatives in more detail, to elicit their experiences of life in Gormanston Wood Nursing Home. Overall, residents confirmed that they were supported to live comfortably in the centre and were adequately cared for by staff who were aware of their needs and personal preferences.

The lived-in environment was warm and clean throughout. However, there were signs of general wear and tear in the centre, including heavily stained carpet on the stairs, chipped paint on interior walls and scuffed woodwork. Inappropriate storage was observed in some areas which may prevent effective cleaning, however it was rectified before the end of the inspection.

Resident bedrooms were neat and organised. Residents who spoke with the inspector were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings.

There was an activity schedule in place that reflected the activities taking place while the inspector was present. The inspector observed group activities, which the residents appeared to enjoy. However, some residents informed the inspector that there were insufficient activities taking place to cater for their interests, especially at the weekends.

When asked about their food, all residents who spoke with the inspector said that the food was very good. They said that there was always a choice of meals, and it was always hot and tasted good. They confirmed that food and snacks were available at all times, including out-of-hours.

The inspector observed that staff greeted residents by name and residents were seen to enjoy the company of staff. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly manner.

A record of complaints was maintained in the centre, and appropriate action appeared to be taken to address any concerns. There were two open complaints at the time of inspection. Residents spoken with confirmed that they would not hesitate to speak with a staff member if they had any complaints or concerns.

Residents and relatives spoken with informed the inspector that they were happy with visiting arrangements in the centre. Relatives said they were welcome to the

home at any time. Visitors informed the inspector that they were happy with the care provided and felt it was a good place for their relative to live.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affect the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this inspection found that the management team were striving to improve practices and services. However, this inspection found that there was opportunity for further improvement in relation to individualised assessment and care planning, managing behaviour that is challenging and residents' rights, and will be detailed further under the relevant regulations.

This was an unannounced inspection. The purpose of the inspection was to monitor regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). This inspection had a specific focus on the provider's performance with respect to safeguarding vulnerable adults.

The registered provider is Costern Unlimited Company. A senior management team was in place to provide managerial support. The person-in-charge was on leave and the inspection was facilitated by the assistant director of nursing (ADON) and the Clinical Operations Manager.

Staffing levels in place on the day of inspection were sufficient to meet the assessed needs of the residents. There was appropriate clinical supervision in place.

Staff training records were maintained to assist with monitoring and tracking completion of mandatory and other training completed by staff. A review of training records indicated that the majority of staff were up-to-date with mandatory training, with a small amount of staff, who were due refresher training, were booked into upcoming dates.

Regulation 15: Staffing

On the day of the inspection there were adequate staffing levels available to meet the needs of the current residents, taking into consideration the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role. Staff demonstrated an appropriate awareness of their training and their role and responsibility in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. There were management systems in place to monitor the effectiveness and suitability of care being delivered to residents.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents received a good standard of service and that their health care needs were met. However, further action was required to ensure ongoing quality and safety of the service as outlined under the relevant regulations.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. The inspector reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. There was evidence that they were completed within 48 hours of admission and reviewed at four month intervals. However, residents' individual assessments and care planning required further improvement to ensure that they were accurate, up-to-date and provided personalised information for staff to follow when providing care.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans in place which largely reflected trigger factors, if identified for individual residents, and de-escalation techniques that staff should use to prevent the behaviour escalating.

The use of restraint was monitored within the restraint register. Residents had individual risk assessments in place to reflect the restraint in use, however further improvement was required to ensure best practice.

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. The inspector reviewed a sample of staff files and all files reviewed showed that staff had obtained Garda vetting prior to commencing employment.

Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided. However, the inspector found that residents in the centre did not have adequate arrangements in place to support their recreational needs at all times, as outlined under Regulation 9: Residents' rights.

Observation of staff interaction identified that staff did know how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately.

Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. Care plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Overall, the standard of care plans was good, however the following gaps were identified:

- Some care plans were generic and repeated for all residents, and not always informed by an assessment of need. For example all residents had an identical safeguarding care plan in place, which meant that it would be difficult to establish which resident had a safeguarding need that required more focused interventions.
- While management responded appropriately to safeguarding incidents, a resident who had a safeguarding concern did not have their safeguarding care plan updated.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The use of restrictive practices was not found to be in line with national policy. For example;

- Residents who had a restraint in use had an individualised risk assessment in place, and contained details including alternatives trialled; however, there was no documented evidence that a signed consent had been obtained prior to restraint being used.

Judgment: Substantially compliant

Regulation 8: Protection

There were robust policies and procedures in place for preventing, detecting and responding to all forms of abuse or neglect.

The provider acted as a pension-agent for a number of residents and a separate account had been created to protect residents finances.

Judgment: Compliant

Regulation 9: Residents' rights

Based on feedback from residents, action was required in relation to supporting residents' rights to meaningful occupation and social engagement, in particular at weekends. The inspector was informed that there were no allocated staff at the weekend, dedicated for the provision of meaningful activities; therefore the social programme was dependent on the availability of staff on the day while also fulfilling their rostered role.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Gormanston Wood Nursing Home OSV-0000131

Inspection ID: MON-0049886

Date of inspection: 31/03/2026

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 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: DON had a meeting with Nurses and discussed report findings and discussed plan for improvement of Care Plans. Care plans are carried out for all residents on admission and 4 monthly. The plan is to set up a care plan improvement programme. We will review all residents care plans and align them with resident assessed needs on an ongoing basis. We will focus on Safeguarding & rights-based approach and rationalise the current one to be more reflective and resident centered. Care plans for each resident will reflect specific information and the required interventions needed to ensure their safety and well-being This process has commenced Care plan audits are carried out monthly to continually improve quality of care provided for residents.	
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: DON had a meeting with Nurses and discussed report findings. Those residents currently using a restrictive device have their signed consent given and documented, Going forward any resident using a restrictive device will have documented evidence of discussion and giving consent. For those residents unable to give informed consent	

there will be documented evidence of discussion and sign off from nominated support persons.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

DON spoke with HR and current activities staff in relation to weekend cover for activities One member of our current staff will cover weekend on a rotational basis going forward to support residents' rights to meaningful occupation and social engagement.

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 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	01/10/2026
Regulation 7(3)	The registered provider shall ensure that, where 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.	Substantially Compliant	Yellow	09/06/2026
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with	Substantially Compliant	Yellow	01/06/2026

	their interests and capacities.			