



**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:	Firstcare Blainroe Lodge
Name of provider:	Firstcare Blainroe Lodge Limited
Address of centre:	Coast Road, Blainroe, Wicklow, Wicklow
Type of inspection:	Unannounced
Date of inspection:	08 July 2026
Centre ID:	OSV-0000016
Fieldwork ID:	MON-0050967

About the designated centre

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

Firstcare Blainroe Lodge Nursing Home has four floors; a lower ground, ground, first and second floor. The centre can accommodate 66 residents. Residential accommodation is across three floors which are accessed by a lift and stairs. Care can be provided for adults over the age of 18 years with general care needs within the low, medium, high and maximum categories. A pre-admission assessment is completed in order to determine whether or not the service can meet the potential resident's needs. Twenty-four-hour nursing care is provided. In total, there are 33 single rooms with full en-suite facilities, 25 single rooms with toilet and wash-hand basin and two additional single rooms with wash-hand basins. There are three twin rooms with toilet and wash-hand basin facilities. There were adequate communal areas and private areas for residents to receive visitors. Other areas include a kitchen, laundry, oratory, hairdressing salon, smoking room and activities room. There are several well-maintained enclosed garden areas for residents' use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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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
Wednesday 8 July 2026	08:25hrs to 15:15hrs	Sarah Armstrong	Lead

What residents told us and what inspectors observed

Overall, the inspector found that Firstcare Blainroe Lodge was a nice place to live, where residents were supported by kind and dedicated staff. Staff knew the residents well and were providing person-centred, good quality care to residents. Most residents living in the centre had a diagnosis of dementia and many were unable to communicate their experience of living in Firstcare Blainroe Lodge to the inspector. However, where this was the case, residents appeared happy and content and were seen to be nicely dressed, with their hair combed. Male residents were clean shaven, and residents had their nail care attended to. A small number of residents were able to speak with the inspector about the care and service they received. Where this was the case, all feedback provided to the inspector was positive. Residents spoke most highly of the staff who cared for them. One resident said "the staff are truly great" whilst another resident described staff as "wonderful". One resident told the inspector that the staff were knowledgeable of their needs, saying "they know about my allergies and they all know what I can and can't have which makes me feel at ease. I'm very happy here". Residents also complimented the food served in the centre, one resident who had just finished their breakfast told the inspector "I had rasher and egg, it was very nice". Other residents complimented the choices and the quality of the meals provided.

This was an unannounced inspection. The inspector arrived at the centre at 08:25am and requested that a poster was placed at the front door to inform residents and visitors that an inspector was on site, and available to speak with them if they wished. This request was actioned immediately by staff. Following this, the inspector commenced a walk of the premises. During this time, some residents were up and dressed, sitting in communal spaces taking breakfast, or walking around the centre accompanied by staff and having a chat. Others who preferred to sleep later into the morning were doing so in line with their preferences. Following the walk of the premises, an introductory meeting was held with the person in charge, where the purpose of the inspection was set out.

The hairdresser was on site on the day of inspection and residents told the inspector that they were getting their hair done in advance of the Summer Party that was taking place in the centre the following day. Residents spoken with said they were looking forward to the party, and to enjoying the food and live music. Residents had good access to meaningful activities in the centre. For example, on the day of inspection, daily newspapers were being delivered to residents by a member of staff in the early morning. Later in the morning, residents could participate in exercise and music, followed by knitting club and music in the afternoon. Several residents showed their knitting projects to the inspector. One resident said "it will be a scarf, but I have a lot more to do on it". Residents were also observed colouring and doing puzzles throughout the day. The weekly activities schedule was displayed in prominent locations in the centre. Other activities offered included live music, movies, painting and drawing, sing songs and bingo. Some residents preferred to

relax in their bedrooms. The inspector spoke with one resident who was sitting in their room reading. This resident told the inspector "I like to read this in the mornings". Another resident said they particularly enjoyed bingo, where they often won prizes, including toiletries. This resident said "I've just put on my perfume, I won that at the bingo actually!" Residents said that they had enough to do to occupy them during the day. One resident commented "there's plenty of things happening. Sometimes there might be music on or something I don't like but I just go and read a book or do my own thing".

Bedrooms occupied by residents were clean and tidy and were decorated with items from home, including photographs, cushions, ornaments and artwork. Residents' had sufficient space to store their clothing and personal belongings, and the inspector found that resident's clothes were well cared for and neatly hung and folded in resident's wardrobes. Information about the resident was also displayed in their bedrooms, which included some details about their life story, their likes and dislikes. This helped inform staff about the resident and in turn could inform meaningful conversations between staff and residents in the centre. Residents told the inspector that they liked their bedroom. One resident invited the inspector to see their room, which had been decorated with their own paintings and crafts which had been created in the centre. This resident showed the inspector prizes and trophies they had won for their art and said they had been offered a choice of bedrooms when they moved, and chose their bedroom because it had a desk which they could use to create their art.

Despite the occupied bedrooms and some communal spaces being generally well maintained and clean, the inspector found that some areas of the designated centre were not kept to the same standard. For example, the walls and paintwork in the Snoezelen room were damaged, and this area had crumbs and debris on floors and surfaces. In addition, the covering on the armchair was ripped which meant it could not be effectively cleaned. There were cobwebs and spiders observed in this space also. In addition, other areas including the visitor's room, an assisted toilet and an assisted shower room also had cobwebs with dead insects and spiders present, particularly around the ceiling corners. The upper floors of the designated centre were not currently occupied by residents. The inspector found that these areas also required general maintenance works to repair damaged surfaces, such as holes in walls, chipped paintwork and woodwork. The person in charge had already identified some of these same issues and was in the process of developing an action plan to address them.

The inspector observed the mealtime experience for residents. In the dining areas, residents were seated at nicely set tables, and the daily menu was displayed for them to view. Residents were served soup, followed by a choice of ham or fish with parsley sauce, potatoes and vegetables. For dessert, there was a choice of lemon cake or jelly and ice-cream. Staff were attentive and supportive during the mealtime, offering residents choice of food, and were asking if residents wanted no sauce or extra sauce. Residents who had finished their meal were asked if they wanted another portion and this was accommodated where requested. Later in the afternoon, residents were observed enjoying ice-cream cones.

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

Capacity and capability

Overall, this inspection found that Firstcare Blainroe Lodge was a well-managed centre where residents were receiving good standards of safe, person-centred care. The registered provider had ensured that there were effective management systems in place to oversee and maintain these standards. There were adequate resources available on the day of inspection to ensure that residents' needs were met in a timely manner.

An audit schedule was in place to ensure that key areas of care provision were reviewed on a regular basis, including care plan, restrictive practice, call-bell, medication management, complaints and manual handling audits. These audits clearly set out the audit findings and where required, quality improvement plans were put in place to ensure high standards of care were provided to residents on an ongoing basis. The last environmental audit had been completed in March 2026 and despite evidence of an action plan being implemented at that time, the inspector found similar issues on the day of inspection in respect of cleanliness and maintenance of some areas. However, the person in charge had recently identified similar issues during their walk arounds and was in the process of developing an action plan to address the findings. Staff meetings were regularly held in the centre, and where required, quality improvement plans were developed.

The inspection was carried out to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). During the inspection, the inspector followed up on notifications submitted to the Chief Inspector. This inspection was also to inform the recommendation for the renewal of the registered provider's registration to operate the designated centre.

The registered provider of Firstcare Blainroe Lodge is Firstcare Blainroe Lodge Limited which is part of the Emeis Ireland group. The person in charge was supported in their role by an assistant director of nursing (ADON). A team of clinical nurse managers (CNM), staff nurses and healthcare assistants, activities staff, catering, housekeeping and administrative staff make up the remainder of the staffing compliment in the centre. The person in charge reported to a Regional Director, who was available on site on the day of inspection. There was a robust governance and management structure in place, with clear lines of accountability and responsibility defined.

The inspector reviewed the staff training matrix and found that there was high levels of compliance with mandatory staff trainings. Training sessions were provided in a mix of in-person and online sessions and staff who spoke with the inspector felt that they had been provided with sufficient opportunities for training and development within their roles. Appropriate supervision arrangements were in place for staff and there was evidence of a robust induction programme for new staff members upon commencing their employment. This induction process was overseen by the assistant director of nursing and the person in charge. Staff also participated in probationary reviews and annual appraisals with a member of the management team, to inform their ongoing development in their roles.

A sample of staff files was reviewed and these demonstrated that staff had valid Garda vetting in place and that this was obtained prior to staff commencing employment in the centre. In addition, all staff who were working in the centre as registered general nurses had valid registrations with the Nursing and Midwifery Board of Ireland (NMBI), and evidence of the current certification for all nursing staff was provided to the inspector on the day of inspection.

Regulation 16: Training and staff development

Staff had access to a suite of training relevant to their roles and there was a high compliance rate with mandatory trainings. There were effective supervision arrangements in place for staff and staff were familiar with the Health Act and the Regulations made under it.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had maintained a directory of residents. This directory was made available to the inspector and contained all the information specified in paragraph (3) of Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of three staff files which was made up of a variety of staff roles. Staff files were found to contain all the requirements of Schedule 2 of

the regulations and Garda Vetting was obtained prior to staff commencing in their roles.

Judgment: Compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents. This insurance certificate was displayed in a prominent location in the centre.

Judgment: Compliant

Regulation 23: Governance and management

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

Judgment: Compliant

Quality and safety

Overall, residents living in Firstcare Blainroe Lodge received a good standard of care. Residents had good access to health care professionals including medical practitioners, physiotherapist, speech and language therapist, dietitian and tissue viability nurse. Medical support was also available out of hours where required. Residents also had access to and were encouraged to speak with pharmacists for advice where required. Information posters were displayed on notice boards within the centre to inform residents of this service which was available to them. Whilst the quality of care provided to residents was good, the inspector found that some improvements were required to ensure that the premises was maintained to an appropriate standard, and that medications were stored at safe temperatures in the centre.

Although many areas of the centre were clean and in a good state of repair, other areas were found to need refurbishment and improved cleaning practices. For example, the upper floors of the centre were unoccupied by residents on the day of inspection. Many bedrooms required refurbishment to address damaged walls, paintwork and woodwork including doors, skirting and architraves which had been subject to wear and tear over a period of time. Visible dirt and debris, including dead insects and spider webs were observed in a number of areas, particularly in the corners of high ceilings and on windowsills. This finding is discussed further under Regulation 17: Premises.

The inspector spoke with staff working in the centre and all staff were knowledgeable of their roles in protecting residents from abuse, and the reporting structures for safeguarding. There was a safeguarding policy in place and this was available to staff. From a review of the training matrix, there were high levels of compliance noted with training in safeguarding vulnerable adults. Where an incident or allegation of abuse had been made, this was investigated by the person in charge and managed appropriately. Outcomes and learnings of these investigations were shared with staff to ensure that incidents did not reoccur in future. Where required, appropriate supports were put in place for staff, for example, refresher training or enhanced supervision, to facilitate them to develop in their roles and to gain a greater understanding of their role in safeguarding vulnerable adults. Where residents were deemed to be at risk of abuse, safeguarding care plans had been put in place and were up to date.

Medications were not always stored at temperatures aligned to the manufacturer's instructions. This meant that the integrity of these medications could not be ensured. The clinical room was notably warm on the day of inspection and there was no ventilation system in place. From a review of the temperature records, no fridge or room temperatures had been recorded for the previous six days as the thermometer had stopped working. This had previously been logged with maintenance and was addressed on the day of inspection. However, from the records that had been completed, there was evidence that the room temperature had exceeded 25 degrees Celsius on several occasions despite some medications in the clinical room requiring storage below this temperature. Staff who spoke with the inspector were not made aware of the parameters within which medications should be stored, or what actions to take where temperatures were exceeded. This finding is discussed further under Regulation 29: Medicines and pharmaceutical services.

Residents were supported to receive visitors in the centre. There were no restrictions in place as to the times visits could take place and there were suitable private and communal facilities available for residents to receive their visitors, outside of their own bedrooms. Residents who spoke with the inspector said they never had any difficulty receiving visitors and there was a written visitor policy in place.

Regulation 11: Visits

The registered provider had in place a written visitor policy which included all matters required under the regulations. Visits to the centre were not restricted and there were suitable communal and private spaces available for use by residents when receiving visitors.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the number and needs of residents in the centre, and was in accordance with the statement of purposes. However, not all areas of the centre conformed with the requirements of Schedule 6 of the regulations. For example;

- Not all areas of the premises were kept in a good state of repair. Damaged walls, paintwork, woodwork and furniture was observed in a number of areas, including the Snoezelen, resident toilets and shower rooms, and resident bedrooms on the unoccupied floors of the centre. The composite decking outside the activities room was warped and presented a trip hazard.
- Not all areas of the centre were observed to be clean. Cobwebs with dead insects and spiders were observed in the Snoezelen, visitor's room and toilet and shower rooms. In addition, the Snoezelen room contained dust and debris, including food crumbs on floors and equipment. The sluice room had a basin on the drying rack which was visibly unclean.
- Gaps were identified in some fire doors, including in an equipment store which was used to charge equipment. Therefore there was no effective smoke seal to protect residents from the risks associated with smoke and fire in the event of a fire emergency.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to a pharmacist who was acceptable to them, and there was a process in place for the destruction or return of unwanted or expired medications. However, medications were not always stored at safe temperatures aligned with manufacturers advice, and there were gaps in temperature recordings.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. All staff had up to date training in safeguarding vulnerable adults. Where an allegation of abuse had been made, the person in charge had carried out an investigation. Outcomes and learnings of investigations were communicated to staff and implemented into practice to help mitigate future risks.

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 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Firstcare Blainroe Lodge OSV-0000016

Inspection ID: MON-0050967

Date of inspection: 08/07/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: An environmental audit will be completed by 31st July 2026, and findings will be discussed with PPIM to devise an action plan. Risk Register has been updated with all new identified risks, such as the decking area with interim control measures. – Complete Both decking areas have been restricted from use by residents, staff and visitors. Residents and visitors are encouraged to use the courtyard or Seafield garden during this time as alternative outdoor spaces– Complete The decking areas will be reviewed by the facility management during the week of the 24th August 2026 to identify what remedial or replacement works are required. The necessary works will be completed by the 30th September 2026. The equipment store door was rectified following the inspection – complete An audit of all fire doors was completed, and outstanding remedial works will be completed by 31st October 2026. A cleaning schedule has been established for the centre, with high and low dusting now included – complete From 29th July 2026 the Housekeeping Supervisor will carry out daily spot checks of public toilets, visitors' rooms, and less frequently used areas to ensure that a consistently high standard of cleanliness is maintained throughout the centre- commenced and ongoing From 29th July 2026, all sluice room checks have been incorporated into the equipment cleaning schedule. These checks will be overseen by the Senior Health Care Assistant and the Clinical Nurse Manager to ensure compliance and maintain high standards- complete	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: From 29th July 2026, all medication storage rooms have an operating thermometer - complete Temperatures of medication storage rooms are monitored on a daily basis, where temperature exceeds manufacturer's instructions, this is escalated to the clinical management and maintenance. This will be spot checked through daily walk around from 29th July 2026- complete and ongoing.	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2026
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	30/07/2026