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:	Shrewsbury House Nursing Home
Name of provider:	Shrewsbury House Nursing Home Limited
Address of centre:	164 Clonliffe Road, Drumcondra, Dublin 3
Type of inspection:	Unannounced
Date of inspection:	24 March 2026
Centre ID:	OSV-0000161
Fieldwork ID:	MON-0049344

About the designated centre

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

Shrewsbury House Nursing Home can accommodate a maximum of 35 residents. The designated centre provides accommodation to both female and male residents over 18 years old with low, medium, high and maximum dependencies. Accommodation is provided in two two-storey domestic houses, which have been co-joined and extended to provide a mix of single, twin and multi-occupancy bedrooms over two floors. There are communal toilets and bath and shower rooms available on each floor. Access to the second floor is via a stair lift. Outside there is a pleasant enclosed garden with seating and tables for residents. The centre is located in North Dublin and is close to public transport routes and local shops. The centre is family owned and managed. There is a qualified nurse on duty at all times. The person in charge works Monday to Friday and has day-to-day responsibility for the management of staff and residents in the designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34

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 24 March 2026	07:30hrs to 15:00hrs	Yvonne O'Loughlin	Lead

What residents told us and what inspectors observed

From discussions with residents and observations during the inspection, it was evident that residents were very content living in Shrewsbury Nursing Home and that their rights were upheld in how they chose to spend their day. Residents who spoke with the inspector expressed satisfaction with staff, food, bedroom accommodation, and the overall services provided. The centre had a warm, homely atmosphere, and improvements to the décor and general upkeep had been made by the provider over the previous few years.

The inspector was welcomed by the nurse in charge on arrival. Following an introductory meeting, a walk-through of the centre was undertaken to review the premises. The inspector met with most residents during this walk and spoke in more detail with ten residents about their lived experience. One resident described the home as "a small community where everyone is treated like family."

Five visitors were also met during the inspection. Visitors expressed a high level of satisfaction with the care provided to their relatives and friends and described their interactions with management and staff as positive. They reported that the management team were approachable and responsive to any queries or concerns. One family member commented very positively on the quality of care provided by the staff. They noted that the staff were exceptionally supportive and compassionate, allowing their parent's dog, Willow, to reside with them. Willow was greatly enjoyed by many of the residents and contributed positively to the overall atmosphere within the centre.

Call-bells were available throughout the centre, and staff were observed to respond promptly to residents' requests and needs. Staff were respectful of residents' privacy, knocking on bedroom doors before entering. It was evident that staff were familiar with residents' individual needs and preferences, greeting them by name. Residents appeared relaxed and comfortable in the presence of staff.

The centre accommodates a maximum of 35 residents and is located in North Dublin. It is arranged over two floors, accessible by stairs or a stair lift. There is a mix of single, twin and multi-occupancy bedrooms.

The main kitchen, located on the ground floor, was clean and adequately sized to meet residents' needs. Residents spoke positively about the food, including the availability of freshly prepared, home-cooked meals. The dining room was bright and airy with enough staff to supervise and help any residents that required assistance.

An internal garden was available for residents that was easily accessible and well maintained. Residents meetings were held and there was evidence that they were involved in the running of the centre.

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 impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

Overall, the registered provider was striving to provide a service compliant with the regulations. Some opportunities for improvements were identified in the area of quality and safety which is further discussed within this report.

This unannounced risk inspection was carried out by an inspector of social services over one day to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people Regulations 2023 to 2025 (as amended). There was a particular focus on infection prevention and control (IPC). The inspector followed up on the compliance plan from the previous inspection, where most actions had been addressed. Improvements were noted in the overall cleanliness, maintenance of the centre and the management of the housekeeping services. There were still areas of the centre that showed wear and tear but there was a plan in place to address this. The provider had improved the storage facilities in the centre to ensure that they were suitable to store supplies.

Shrewsbury House Nursing Home Limited is the owner and the registered provider of the centre. The centre is family-run and the person in charge is supported by a general manager who is the company director and a clinical nurse manager.

Responsibility for IPC and antimicrobial stewardship within the centre rested with the person in charge. The provider had nominated a staff nurse to the role of IPC link practitioner who had completed the national course and was enthusiastic in the role.

The Inspector found that the centre had an adequate number of housekeeping staff to sustain good environmental hygiene. This observation was supported by reviewing staff rosters and through conversations with the housekeeping staff. These staff members were knowledgeable in cleaning practices and processes with regards to good environmental hygiene and the impact of this was a clean, tidy and odour free centre.

The provider had an audit schedule carried out by the IPC link practitioner. The IPC audit covered various areas such as hand hygiene, spillage management, equipment, environmental cleanliness, laundry and waste management. The audit scores were high which reflected what the inspector observed on the day.

The provider had implemented a number of risk management processes one of which was *legionella* controls in the centres water supply. For example, unused

outlets/ showers were run weekly. Routine testing for *legionella bacteria* in hot and cold water systems was undertaken to monitor the effectiveness of these controls.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were up-to-date with training in moving and handling procedures, fire safety, safeguarding of residents from abuse and hand hygiene. Arrangements were in place to ensure that staff were given opportunities to update their skills and knowledge, as required.

Staff were appropriately supervised, according to their individual roles.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There were effective management systems in place to ensure the service was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre informed the Chief Inspector of all notifiable incidents required by the regulations.

Judgment: Compliant

Quality and safety

Overall, residents were supported to have a good quality of life that was respectful of their wishes and preferences. Residents' rights and choices were considered, and residents were actively involved in the organisation of the service.

There had been no outbreaks of notifiable infections detected since February 2025 to-date. Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. Appropriate use of personal protective equipment (PPE) was observed during the course of the inspection. However, some issues were identified which may impact the effectiveness of infection prevention and control. Details of issues identified are set out under Regulation 27. Infection control.

Hand sanitisers were available in wall-mounted dispensers along the corridors and at the point of care for each resident. A clinical hand-wash sink that complied with the recommended specifications was available in the area of the centre where residents were living, this meant that staff could easily wash their hands if visibly soiled.

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.

A low level of prophylactic antibiotic use was noted within the centre. As a quality improvement opportunity, the inspector identified that the centre’s antimicrobial stewardship programme could be further enhanced to include monthly monitoring and trending of antibiotic usage, along with ongoing staff education in relation to antimicrobial stewardship.

Ancillary facilities were found to generally support effective IPC practices. The on-site laundry, which was limited in size, was used solely for residents’ personal clothing, while all linen was outsourced to an external laundry provider. Sluice rooms were observed to be clean and well ventilated. The storage areas had been up-graded since the last inspection.

Residents had access to appropriate medical and allied health care support to meet their needs. Residents had timely access to their general practitioners (GPs) and specialist services such as tissue viability and physiotherapy as required. Residents also had access to other health and social care professionals such as speech and language therapy, dietitian and chiropody. Some opportunities for improvement were noted in the management of skin integrity, this is discussed further under Regulation 6. Healthcare.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through-out the centre.

Judgment: Compliant

Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations (2013). The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A sample of transfer letters viewed on the day of the inspection showed all relevant information about the resident was provided to the receiving hospital and there was effective communication between services during this time to minimise risk and to share information.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in Community Services* (2018), however further action is required to be fully compliant. For example;

• Equipment was not managed in a way to reduce a healthcare associated infection. As evidenced by;

- Cleaning processes required review. The inspector observed a commode that was labelled as clean; however, visible dirt was noted on the underside, indicating that the equipment had not been adequately cleaned after use.
- Some urinals found in residents rooms were visibly dirty and not reprocessed in the sluice after use.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of care plans found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents that were colonised with an infection and those residents that had a urinary catheter.

Judgment: Compliant

Regulation 6: Health care

Appropriate and evidenced based care was not consistently provided to manage residents who were at risk of a pressure ulcer. This was evidenced by the following;

- A review of pressure-relieving equipment found that the residents' body weight on a number of mattresses had been entered incorrectly. As a result, the mattresses were unable to provide the appropriate level of support required to assist in reducing the risk of a pressure ulcer.

Judgment: Substantially compliant

Regulation 9: Residents' rights

All residents who spoke with the inspector reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. Residents rights and choice were respected in the centre and the service placed an emphasis on ensuring residents had consistent access to a variety of activities, seven days a week.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Shrewsbury House Nursing Home OSV-0000161

Inspection ID: MON-0049344

Date of inspection: 24/03/2026

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 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: All commodes are cleaned after each use and then also cleaned on a deep cleaning schedule. They are labelled accordingly. Housekeeping staff have been made aware about the importance of this. They carry out this on their regular deep clean. New urinals have been purchased and the old ones have been replaced. All urinals are reprocessed in the sluice machine after each use	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The correct weight in each resident's pressure relieving mattress is cross checked with their care plan and is recorded each night. This is audited monthly as part of quality management systems by the general manager	

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 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	28/04/2026
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord	Substantially Compliant	Yellow	28/04/2026

	Altranais agus Cnáimhseachais from time to time, for a resident.			