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:	Drakelands House Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Drakelands, Kilkenny, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	29 June 2026
Centre ID:	OSV-0000224
Fieldwork ID:	MON-0046810

About the designated centre

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

Drakelands House Nursing Home is situated close to Kilkenny city and is convenient to all of the city's amenities. Originally a period house it has been developed and extended over time and now accommodates up to 70 residents. The registered provider is Costern Unlimited Company. Bedroom accommodation consists of one twin bedroom and 68 single rooms. Some bedrooms are en-suite and those that are not have access to shared bathrooms. There are several communal rooms throughout the centre and residents have free access to safe outdoor spaces at first floor and ground floor levels. The centre caters for male and female residents over the age of 18 for long and short term care. Residents with varying dependencies can be catered for from low to maximum dependency. Care is provided to persons with dementia, acquired brain injury, young chronically ill, post-operative care, convalescent care, palliative care and people who need residential care for social and physical reasons. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61

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 29 June 2026	11:05hrs to 18:55hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

This inspection was conducted over one day on an unannounced basis to evaluate ongoing compliance with the regulations and standards. Residents reported being very happy living in the centre and expressed satisfaction with the services provided and appreciation for the kindness consistently shown by staff.

The inspector arrived mid-morning and met with the person in charge for a brief introductory discussion, outlining the current resident profile. A tour of the premises followed, during which the inspector engaged with residents and staff and observed the environment, and the care and support interactions between residents and staff. It was evident that the staff knew the residents well; residents referred to staff by name, and staff were observed tailoring their communication and approach to each individual residents' preferences and needs.

The inspector spoke in more detail with six residents and three visitors, to gain further insight into their experiences of living in the centre. Overall, the feedback from residents was very positive. In particular residents strongly praised the staff, with comments including "every one of them is lovely", "nothing is too much to ask" and "they are very respectful". This feedback was echoed in the most recent resident and family satisfaction surveys which showed a very high level of satisfaction across all areas, including privacy and dignity, staff, food and activities. Two residents said that when they pressed their call-bell for assistance, they could be waiting a bit too long at times. They said that staff were apologetic when this happened and that it was not a regular occurrence.

Visitors who spoke with the inspector also provided generally positive feedback about the centre. All visitors described staff as kind, polite, and proactive in communicating any changes or concerns. They reported that the activities programme was very good and that the food was of excellent quality. One visitor, whose family member has lived in the centre for many years, stated, “I know in my heart they are safe here.” Another commented, “They let me know straight away if there is any change; I am always kept updated.” One visitor noted that, on occasion, they felt the standard of care could be “below par” and that staff sometimes required reminders regarding the resident's specific preferences.

The centre was clean and bright, nicely decorated and well-maintained both internally and externally. The centre is divided for operational purposes into two wings, Laurel wing and Linden wing, each spanning two floors. Both wings are independently staffed by a team of nurses and care staff. There are shared dining and communal spaces on each floor. Residents were using all of the available communal areas during the day, including the smaller, more private seating areas on each floor, and three different dining rooms. Laurel wing is a larger, more modern wing which contains predominantly single en-suite bedrooms. Linden wing contains smaller bedrooms with no en-suites. Despite the difference in size and

layout, all residents expressed satisfaction with their bedroom accommodation, reporting that they were cleaned every day and they had sufficient space to store their personal belongings.

The inspector observed the lunch time service in three different dining rooms. There was a lovely atmosphere in the dining rooms, which were bright and airy. There were two options for main meal and residents chose what they wanted they day prior. Menu cards were on each table, to remind residents of the day's options. Staff confirmed that if a resident wanted something that was not on the menu, there was never a problem with the chef cooking something different. The inspector observed this in practice when a resident requested fried eggs instead of their dinner; this was quickly provided. Staff demonstrated a person-centred approach when serving meals. For example, residents were asked if they would like to wear a clothes protector and where they would like to sit. Staff offered residents a choice of various cold drinks before and during their meal. Residents were asked if they would like sauces or gravy with their meals, and these were all provided separately. However, the inspector also observed that some aspects of the food provision required improvements to ensure that all residents were provided with meals which aligned with their specific dietary requirements as further outlined under Regulation 18: Food and nutrition.

Where residents required assistance with eating and drinking, this was provided in a discreet manner, with one staff member dedicated to one resident, ensuring they had enough time to finish their meal. Staff sat with residents at their level and engaged in conversation and provided gentle encouragement. A small number of residents preferred not to eat in the dining room, and a small table was set up in a communal area for this group. A few residents chose to stay in their rooms.

A wide range of activities was available and appeared to be enjoyed by many residents. During the inspection, the primary activity was held in the large sitting room, referred to as The Viewing Area due to its panoramic views of Kilkenny city. Residents from all wings attended a live music session, where the visiting musician encouraged participation through familiar songs. The session was lively, with notable engagement and interaction from residents. Residents reported that live music was their preferred activity and confirmed that performances by various musicians were scheduled at least twice per week. They also expressed enjoyment of recent outings and shared photographs from trips to Tramore and Hotel Kilkenny. Planned visits to the Delta Sensory Garden and The Arboretum in Carlow were scheduled for the coming months.

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 the quality and safety of the service being delivered.

Capacity and capability

Overall, the management team displayed a commitment to the promotion of continuous quality improvement, with the aim of ensuring that the centre was providing a safe and effective service for residents, with a person-centred focus.

This inspection was a one day inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2013 to 2025 (as amended). Costern Unlimited Company is the registered provider for Drakelands House Nursing Home, as well as a number of other designated centres nationwide. There was a governance structure in place which identified clear lines of accountability and responsibility. The centre has a shared senior governance with a number of other centres, under the direction of the Trinity Care group. There was shared access to departments such as human resources and facilities. The person in charge works full-time in the centre in a wholly supernumerary capacity, coordinating the day-to-day care and support of residents. The person in charge reports to a regional manger, who also attends the centre regularly. The person in charge is supported by an assistant director of nursing and a clinical nurse manager, with clearly defined roles that facilitate consistent and effective daily clinical oversight of the centre.

There were effective management systems in place to monitor the quality and safety of the service through a schedule of audits and weekly collection of key performance indicators such as falls, incidents, restraints, infections and wounds. Information gathered included all aspects of residents' care and welfare, premises and facilities, and staffing requirements. These were discussed at regular clinical governance meetings. This ensured that items were monitored and actions assigned for completion within a specific time frame.

The centre is registered to provide accommodation for 70 residents and there were 61 residents living in the centre on the day of inspection. There was an appropriate level of clinical and support staff to meet the needs of the residents present during the inspection. Staffing levels and their allocation were observed to be sufficient for both day-time and night-time. This was confirmed by many of the residents spoken with, as well as staff and visitors who met with the inspector. The levels of staff across all departments were in line with those outlined in the centre's statement of purpose, which informs Condition 1 on the centre's registration.

The overall provision of staff training was good and included a blend of online and face-to-face training modules. Staff were well-supervised in their roles and were confident to carry out their assigned duties with a person-centred approach. A staff induction programme was in place with regular reviews to monitor staff performance and identify additional training needs.

The standard of overall record-keeping in the centre was good. Records in relation to staff files were reviewed. These were found to contain all the required documents for each staff member. There was a register of incidents and accidents maintained in the centre. A review of these found that incidents were well-managed in the centre, with evidence of in-depth review and investigation to determine any actions required to prevent recurrence of the event.

The registered provider and person in charge ensured that overall, statutory notifications were submitted to the Chief inspector within the required timeframes. One recent incident which resulted in a resident being admitted to hospital, was submitted beyond the required timeframe.

Regulation 15: Staffing

Staffing levels were appropriate, having regard for the design and layout of the centre, and based on the assessed needs of the residents. On the minimal occasions where agency staff were used, these were staff who were very familiar with the service. From a review of rosters, and from speaking with staff, it was clear that there was sufficient staff on duty each day to ensure the safety and welfare of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. Mandatory training such as fire safety and moving and handling were completed by staff. Staff were appropriately supervised by senior staff in their respective roles and there were appropriate on-call management support available at night and at weekends.

Judgment: Compliant

Regulation 21: Records

Staff files contained the records outlined in Schedule 2 of the regulations, for example evidence of references and photographic identification. These were stored securely in the centre and made available for the inspector to review.

Other records specified in Schedules 3 and 4 of the regulations, for example the incidents of restraint use and a copy of the duty roster were maintained.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. There were deputising arrangements in place for key management roles. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose.

Communication systems in the centre were strong. Any identified risks were proactively managed with a coordinated approach and involvement of external agencies if required. A comprehensive annual review of the quality and safety of care provided to residents in 2025 had been completed by the person in charge, with targeted action plans for improvement set out for 2026. The review also contained feedback and consultation with residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

Notification as required under Schedule 4 of the regulations, for example, an outbreak of a notifiable disease and any allegation of abuse, were overall submitted for review within the appropriate timelines.

Judgment: Compliant

Quality and safety

Residents living in Drakelands House Nursing home were supported to achieve a good quality of life and maintain their independence through individualised support and care. Residents were well-respected, and encouraged to give feedback on the services they receive. The inspector identified that improvements in the provision of specific dietary requirements were required, to ensure consistently good outcomes for residents. Aspects of infection control procedures also required review to ensure a safe environment was maintained.

Visits were observed taking place during the inspection, and residents and visitors confirmed that visiting in the centre was not restricted. Suitable areas were available for visits outside of residents' bedrooms, including communal rooms and quiet spaces. As it was a sunny day, some residents were seen meeting visitors in the gardens. The centre had a visiting policy that met all regulatory requirements. It

included guidance on visiting during an infection outbreak and clearly outlined how residents could receive support from their nominated visitors.

Overall the premises was designed and laid out to meet the needs of the residents and was kept in a good state of repair in all areas. There was a progressive programme of maintenance in place to address wear and tear, redecorating and minor repairs. There were good overall fire safety procedures in the centre. The provider had ensured that fire doors were reviewed by external professionals, and any remedial works required had been carried out.

All staff were trained in infection control procedures and there were up-to-date policies and procedures in place to guide staff. There was good availability of personal protective equipment (PPE) and alcohol-based hand gels were readily available throughout the centre to aid effective hand hygiene. Nonetheless, aspects of the premises did not support best-practice infection control practices, as described under Regulation 27: Infection control.

Notwithstanding the many good practices observed in respect of food and nutrition as outlined in the first section of the report, some improvements were required in relation to the provision of specific dietary requirements, which is discussed under Regulation 18: Food and nutrition.

The inspector found that care plans were, for the most part, aligned with residents' assessed needs. For example, residents assessed as being at high risk of falls had relevant care plans in place to mitigate this risk. Care plans were generally person-centred and reflected residents' preferences and life stories. However, a number of clinically-focused care plans were excessively complex, making it challenging to identify the current plan of care.

Systems were in place for residents to access the expertise of health and social care professionals and specialist services through a system of referral. This included palliative care, psychiatry of later life, integrated care services for older persons' and chiropody. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

Regulation 11: Visits

There was a policy and procedure in place which outlined the arrangements for residents to receive visitors in the centre. The arrangements did not place undue restrictions on residents. Visitors were observed in the centre throughout the day, and there were private visiting areas available for use.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were satisfied with quality and quantity of food, and with the temperature, taste and choice of options. However, the dietary needs of residents, as prescribed by dietetic staff were not always provided for. For example;

- There was no evidence that residents who were prescribed a high-protein, high-calorie diet, were provided with this diet.
- Residents who were prescribed fortified diets (additional cheese, butter and cream added to meals, for example), were not provided with this diet.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider generally met the requirements of the regulation, and the National Standards for infection prevention and control in community services (2018), however repeat findings were evidenced on this inspection which were not in line with best-practice guidance;

- The sluice room on the ground floor of the Linden wing was small in size, poorly ventilated, contained exposed wooden doorway surrounds, and inappropriate placement of sanitary equipment. As such, this room did not support effective infection prevention and control
- There were a limited number of dedicated clinical hand wash sinks in the centre. The sinks in the residents' rooms and en-suite bathrooms were dual purpose used by residents and staff. On the day of inspection there were external contractors on-site devising plans for the location of new clinical hand wash sinks.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Measures were in place to ensure residents' safety in the event of a fire in the centre and these measures were kept under review. Fire safety management servicing and checking procedures were in place to ensure all fire safety equipment was operational and effective at all times. Daily checks were completed to ensure fire exits were clear of any obstruction that may potentially hinder effective and safe emergency evacuation.

Each resident's evacuation needs were regularly assessed and the provider assured themselves that residents' evacuation needs would be met with completion of regular effective emergency evacuation drills. All staff had completed annual fire safety training specific to the centre and were provided with opportunities to participate in the evacuation drills.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents' care planning documents identified that care plans were based on a thorough assessment of each residents' individual needs. A pre-admission assessment was conducted to ensure the centre could meet the residents' needs. Care plans were prepared within 48 hours of admission to the centre, and reviewed thereafter at a minimum of four-monthly intervals.

Judgment: Compliant

Regulation 6: Health care

The medical and nursing needs of residents were well met in the centre. There was evidence of good access to medical practitioners, through residents' own GP's and out-of-hours services when required. Residents could access specialist services such as dietitian services and wound care nurses. An in-house physiotherapy service provided group exercise and individual physiotherapy assessments.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Drakelands House Nursing Home OSV-0000224

Inspection ID: MON-0046810

Date of inspection: 29/06/2026

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 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: - DON reviewed all care plans and new list for the kitchen done and will be continuously reviewed for any resident on a high protein, high calorie diet.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: - Sluice downstairs on linden to be reviewed by management - Two new clinical sinks for linden, works had commenced the of inspection and will be completed by the end of August	

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 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	31/07/2026
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	Substantially Compliant	Yellow	31/08/2026

	implemented by staff.			