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 Earlsbrook House
Name of provider:	Firstcare Earlsbrook House Limited
Address of centre:	41 Meath Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	04 August 2026
Centre ID:	OSV-0000033
Fieldwork ID:	MON-0051233

About the designated centre

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

The centre is registered to accommodate 51 residents and provides care and support for both female and male residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies, low, medium high and maximum and provides 24 hour nursing care. Accommodation consists of 17 single bedrooms on the ground floor, of which 7 have an ensuite. 5 full ensuite and 2 partial. There is also one twin bedroom with a full ensuite room on the ground floor. On the first floor (FF), there are 20 single rooms, 5 are single ensuite of which 3 are full ensuite and 2 partial. Also, there are 6 twin rooms on the first floor. Additional toilets and showers are located around the building. Two passenger lifts provide access to the first floor. Other accommodation included four homestead areas incorporating a kitchenette, dining space along with a day room area. There was also a relaxation room, treatment room and a hairdressing salon. A family room was also provided along with a suitably sized kitchen. Laundry facilities were located within the premises. Some office space was also provided. According to their statement of purpose, the centre aims to provide person centred care in accordance with evidence based practice. They aim to ensure that all residents live in an environment that is comfortable, safe and clean, with the greatest dignity, support and respect possible, awarded to them by a team of appropriately qualified and trained staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	30

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 4 August 2026	08:30hrs to 15:05hrs	Sarah Armstrong	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents living in Firstcare Earlsbrook House were well cared for, and were supported to enjoy a good quality of life by a dedicated staff team who knew and understood the residents and their personalities well. The feedback received from residents was all positive. Residents feedback referenced the kindness and responsiveness of staff, the activities and the food served in the centre. Staff told the inspector that they enjoyed working in the centre and that they felt well supported by their colleagues and the management team.

The inspector arrived unannounced to the centre at 08:25am and met with the person in charge and assistant director of nursing. An introductory meeting was held and the purpose of the inspection was set out. The inspector requested a poster informing residents, visitors and staff of the inspection taking place be displayed in a prominent location at the entrance of the centre. The person in charge actioned this immediately, and also made copies of the poster and placed them throughout the centre. Following this, the inspector completed a walk around of the premises. There were significant works underway to replace the majority of the fire doors to improve fire safety measures in the centre and residents were made aware of the works in advance. Overall, the premises was in a good state of repair, however a small number of areas in the centre were found to have damage to walls, paint and woodwork. The person in charge told the inspector that they had logged these issues on the maintenance register in the centre and they were awaiting repair. Residents had unrestricted access to secure outdoor spaces and recent upgrades had been made to the internal courtyard to include raised planter boxes. Residents had chosen the types of plants to be planted in these boxes, including fragrant sensory plants such as lavender and lemon thyme. The chosen plants were due to be delivered in the coming days, ahead of the upcoming Summer Party which was planned to be 'Gatsby' themed. Residents told the inspector that they were looking forward to the party.

All areas for use by residents were fitted with call-bell facilities. When call-bells were tested by the inspector, they were found to be in good working order and staff were very responsive, arriving in numbers, without delay. Resident bedrooms were clean and tidy and decorated with personal items from home including photographs, cushions, blankets and ornaments. Residents said they liked their rooms and that they felt safe living in the centre. Communal spaces were also clean and tidy and decorated with a homely feel. There was plenty of comfortable seating available for residents which was in good condition and easy to keep clean. Residents expressed their satisfaction with the physical environment including their bedrooms. One resident said "Do you see that bed there? It is very comfortable to sleep in", whilst another said "I have a good sized room. I was in a smaller one initially, but they came and asked me if I wanted to move to a bigger one and I said yes. I'm very happy with it".

Overall, the atmosphere was calm and relaxed throughout the day of inspection. In the morning, some residents were observed up and dressed sitting in both communal spaces and their bedrooms to take their breakfast in line with their preferences. Other residents who preferred to sleep later into the morning were seen to be doing so. Residents feedback referenced how they were supported to exercise choice in their daily lives. One resident told the inspector ''I can go to bed and get up whenever I want'' and another said ''I pick out my own clothes everyday, the staff have to help me to put them on, but I choose them''. Residents also expressed being offered choice around their showering and bathing routines. One resident confirmed there was a bath available in the centre and that they were offered a choice to use it, saying ''there's a big bath, I get into that and I might sit for an hour. I love that''. Residents told the inspector that they enjoyed living in Firstcare Earlsbrook House, and they all referenced the caring and kind nature of the staff who supported them. Residents told the inspector ''I chose well when I picked this place'', ''they treat us very well, they really do'', and another resident said ''Oh they are treating me very well, if they weren't I'd be gone like a bang.''

Residents were aware of the different activities and events taking place in the centre, and were observed taking part in a range of activities on the day of inspection. One resident who preferred to spend time in their bedroom said they liked to pass the time watching television and reading books and that staff regularly called in on them. This resident told the inspector ''I like reading, I'm slow to get through this book though. I've only read half of it because I'm too busy chatting to the people here - they're so lovely''.

The inspector observed the mealtime experience for residents and found that it was a social occasion and there were plenty of staff available to assist and supervise, including supervision of residents who chose to dine in their bedrooms. Communal spaces had neatly set tables and there was appropriate background music playing throughout the meal. Residents said they always got a choice of foods and some residents preferred to dine at alternative times which was respected by staff. Residents described the food as ''delicious'' and ''marvellous'', and one resident said ''the food is great - it's moreish!''. On the day of inspection, residents were served soup, followed by a choice of roast turkey with cranberry sauce or cottage pie. There was also a choice of dessert which included lemon meringue pie or jelly and ice cream. Portions were of good size and the food was well presented on the plate and looked hot and appealing to eat.

Residents were satisfied with the laundry service provided in the centre. Personal items were laundered onsite, using a dirty to clean directional flow to ensure good infection control practices. One resident told the inspector ''they wash my clothes here and they bring them back and put them in the wardrobe for me. They're very quick'' and another said ''those clothes there are just back from the wash. I'd left them out this morning for washing after my shower. They're very quick to bring back the clean clothes - I couldn't fault them''.

Staff who spoke with the inspector were knowledgeable of the residents and their individual needs and preferences. Many staff had worked in the centre for a number of years. One staff member told the inspector ''I like working here'' adding that the

management team were approachable. Staff also stated that they would have no problem raising concerns with the management team and that they felt supported and listened to. There was also an employee assistance programme available to staff, with information on how to access this service displayed on notice boards.

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 Earlsbrook House was a well-managed centre where residents were receiving high standards of safe, person-centred care. Sufficient resources were available on the day of inspection to ensure that the needs of residents were appropriately met, and in a timely manner.

The purpose of this inspection was 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 of Social Services.

The registered provider of Firstcare Earlsbrook House is Firstcare Earlsbrook House 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 health-care assistants, activities staff, catering, housekeeping, maintenance and administrative staff made up the remainder of the staffing compliment in the centre. The person in charge reported to a Regional Director. The Chief Operations Officer from the group who is also the registered provider's representative, 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. A statement of purpose and function was available in the centre in written format for residents. This statement of purpose was reviewed by the inspector and found to meet all requirements of the regulations.

The registered provider had ensured that a robust audit schedule was in place in the centre to monitor key areas of care provision and ensure the standards of care were upheld in the centre. Monthly audits were carried out in areas including care plans, hand hygiene, call bells, residents safety deposit and finances, with other audits being completed on a six-month rotation, including medication management, fire safety, nutrition and hydration, falls management and manual handling audits. There were also daily management walkabouts and regular night time and out of hours spot checks conducted in the centre by a member of the management team, to ensure consistent and safe practices in the centre. These spot checks focused on

observation of staff practices, the general presentation of the centre, residents' experience and activity, and noise and lighting levels. Following audits, spot checks and management walkabouts, where gaps were identified, clear action plans had been established to address those gaps, with time frames for completion set out and findings from audits and walkabouts were promptly communicated to staff through staff meetings and safety pauses.

The inspector reviewed the staff training matrix and found that staff had good access to a suite of training, offered through both online and in-person methods. There were high levels of compliance with all trainings, including mandatory training. Staff were also supported to develop in their roles through annual staff appraisals, which were facilitated by a member of the management team.

A sample of four staff files was provided to the inspector which included a variety of staff roles. All files reviewed demonstrated that staff had valid Garda Síochána (Irish police) vetting in place which was obtained prior to the staff member commencing their 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 good access to a range of different trainings relevant to their roles and compliance rates with the mandatory trainings was high. Effective supervision arrangements were in place for staff. Staff were aware of the Health Act 2007 and the Regulations made under it.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of four staff files, 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 23: Governance and management

There were sufficient resources available to ensure the effective and safe delivery of care to residents. There was a clearly defined management structure in place which set out clear lines of authority and accountability, and deputising arrangements for key management roles had been established by the registered provider. Effective management systems were in place to ensure the service provided to residents was safe. This included regular audits, daily management walkabouts and unannounced spot checks by a member of the management team. The registered provider was self-identifying areas for service improvement and had a clear action plan in place to address any deficits identified.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose relating to the designated centre. The statement of purpose contained all information required under Schedule 1 of the regulations and had been revised within the the last year.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents living in Firstcare Earlsbrook House were supported to enjoy a good quality of life. Residents' rights were being promoted by a team of dedicated staff who knew and understood the residents needs, preferences and personalities well. All residents who spoke with the inspector provided positive feedback about the service they received.

Staff demonstrated a good knowledge of residents' assessed needs. Care plan documentation reviewed was found to be person-centred and suitably detailed to guide staff in providing good quality, safe care aligned to residents' needs and preferences. The inspector reviewed a variety of care plans including end of life and advanced care, social care, personal care and safeguarding care plans. These care plans were written in a person-centred manner and guided staff in delivering, safe, appropriate care to residents. The inspector reviewed the end of life measures in place for residents and found that where residents had passed away in the centre, their wishes and preferences had been considered and met. End of life care plans were thoughtfully developed with residents and where appropriate, their relatives and were written to include residents' specific requests, for example, the clothes they would like to wear, if they wished to have make up or nail polish applied and the specific songs residents' would like played at their funeral. The inspector also

found that residents' wishes in relation to life saving measures were also respected by staff in the centre.

There was a weekly activities schedule in place which was available in prominent locations throughout the centre, and residents had access to meaningful activities each day. On the day of inspection, residents could choose to attend a morning social chat and music, outdoor walks, bingo and a movie evening. Other activities available on the weekly schedule included knitting club, live music, chair yoga and aromatherapy massage. Some residents preferred to spend time in their bedrooms rather than attend group activities and said that staff respected their choice. One resident told the inspector that they enjoyed reading books and watching the television in their room to pass the time. Residents also had access to independent advocacy services with some residents having availed of these services in the past. Information about independent advocacy services was displayed in a number of prominent locations throughout the centre. There was evidence that satisfaction surveys had been completed with residents. The inspector reviewed these surveys and found feedback from residents was overall very positive. Where residents provided feedback on areas they felt could be improved, clear action plans had been developed to address the matters raised. Resident meetings were held regularly in the centre and there was evidence that residents were communicated with regularly and had a choice in matters relating to the centre. For example, new raised flower beds had been added to the enclosed courtyard, and a meeting between the person in charge and the residents was held to seek suggestions from residents on what plants they wished to include in the outdoor space. Residents were also consulted with about other matters, including activities and outings, fire safety, dining experience, housekeeping and laundry services, different health initiatives in the centre and management updates which included upgrades to fire doors in the centre. Residents who spoke with the inspector said that they were supported to exercise choice in their day to day lives, including when they got up in the morning and when they went to bed at night, what clothes they wore, when they showered or bathed, and what and when they ate.

The premises was overall, well maintained and was suitably designed and laid out to meet the needs of residents. There were significant works ongoing at the time of the inspection, to upgrade the majority of fire doors in the centre to improve fire safety measures. A risk assessment had been completed prior to this work starting and residents were seen to be consulted with and were aware of this work and the possible associated disruptions for the duration of the project. Communal spaces and bedrooms were clean and tidy and all areas used by residents were found to have call-bell facilities. The registered provider had improved the storage arrangements in the centre and all stores were found to be well organised and equipment for use by residents was clean and in good working order.

Where residents wished to keep items of value in their own rooms, they were provided with lockable storage to keep their belongings safe and secure. Residents were also supported to retain control over their personal finances and statements were provided to residents on a monthly basis. There was also a system in place in the centre to ensure that residents had access to monies seven days per week and money and valuables held in the centre were audited on a monthly basis. Laundry

services were provided on site for residents' clothing and personal items, and residents described the service as having a quick turnover. Residents spoken with confirmed that they were happy with the laundry service. Some residents showed the inspector inside their wardrobes and chests of drawers and the inspector found that their clothing was treated carefully, folded and neatly hung. Some residents wished for their laundry to be sent home to family to be washed, and this was respected by staff.

Inspectors found that there were appropriate measures in place to ensure residents were safeguarded from abuse. All staff had completed safeguarding training which enabled them to identify, prevent and respond to abuse. Where an allegation of abuse had been made, the person in charge had carried out a comprehensive investigation into the incident and identified key learnings which could inform future practice and help mitigate the risk of incidents recurring in future.

Regulation 12: Personal possessions

The person in charge had ensured that residents had access to and were supported to retain control over their personal property, possessions and finances. There were suitable laundry services provided in the centre and residents had adequate space to store and maintain their clothes and personal items.

Judgment: Compliant

Regulation 13: End of life

The inspector reviewed a sample of residents' end of life care plans and found that these were person-centred and clearly reflected the residents' wishes with regards to the arrangements to be put in place when they reached their end of life.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the number and needs of residents and was in accordance with the statement of purpose. The premises also conformed with the matters set out under Schedule 6 of the regulations.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

There was evidence that all relevant information accompanied residents who were transferred out of the centre to another service, and transfer letters were maintained in residents' files.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken reasonable measures to ensure that residents were protected from abuse. These measures included staff training in relation to the detection and prevention of, and responses to abuse. The person in charge had investigated incidents and allegations of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to participate in a variety of activities suited to their individual capacities and interests. Newspapers, television and radio were available to all residents. Residents had access to independent advocacy services and there was evidence that some residents had been facilitated to access the support of an advocate. Residents' choices were promoted and there was evidence that residents were consulted with in relation to the organisation of the centre through regular resident forum meetings.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant