

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Greystones Nursing Home
Name of provider:	Greystones Nursing Home Limited
Address of centre:	Church Road, Greystones, Wicklow
Type of inspection:	Unannounced
Date of inspection:	22 October 2025
Centre ID:	OSV-0000045
Fieldwork ID:	MON-0048365

About the designated centre

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

The centre is based in a town and is close to shops, and local public transport networks. The designated centre is registered to care for 58 residents, both male and female over the age of 18 years of age. It provides a service to residents with a wide range of needs including palliative care, dementia care, acquired brain injury and physical disability. The provider offers long-term and short-term accommodation, respite and convalescence care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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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 22 October 2025	08:30hrs to 16:10hrs	Sarah Armstrong	Lead

What residents told us and what inspectors observed

On arrival to the centre the inspector met with the person in charge. Following an introductory meeting, the inspector completed a walk around the centre, accompanied by the person in charge. During the walk around, the inspector had the opportunity to meet with residents and staff as they were going about their day. Many residents were observed to be up and dressed, some were having breakfast in the communal dining areas, whilst other residents were eating breakfast in their own rooms, depending on their preference. Some residents liked to sleep later into the morning and this choice was respected by staff.

Feedback from residents was all positive. Mostly, feedback received related to the staff working in the centre and how happy residents were with the care they received. One resident told the inspector "the staff are very good, they help me with anything I need", whilst another told the inspector that a member of staff was "a gentleman", adding "staff are so kind, they really are". Residents also told the inspector that staff responded to their needs and requests in a timely manner and they were not left waiting for assistance when they needed it. Residents also commented that they felt safe and secure living in Greystones Nursing Home.

Residents spoke highly of the quality food served in the centre, including the variety of menu options available, telling the inspector "I always enjoy my food" and "I couldn't ask for nicer". On the day of inspection, residents had a choice of roast chicken or meatballs for their dinner. The inspector observed the meal time experience for residents. Staff were attentive to residents needs and ensured that residents were offered choice throughout. Some residents required assistance from staff to eat their meals. Where this was the case, staff supported residents in a kind and dignified manner.

During the day of inspection residents were participating in different activities. Some of these were group activities as set out on the weekly activity schedule, whilst other residents enjoyed their own hobbies such as drawing, doing puzzles and reading the newspaper. Residents told the inspector that they were happy with the activities available. Some told the inspector about a 'multicultural day' that was held in the centre the previous week, which gave the residents an opportunity to learn about different world cultures and customs. One resident said "I really enjoyed tasting all of the foods from the different countries". Other residents mentioned how they were "excited for Halloween" and told the inspector they were looking forward to doing pumpkin carving later in the week.

Overall the premises was well maintained and was observed to be visibly clean on the day of inspection. Some areas had been recently repainted, however, further improvements were required to address scuffed and damaged skirting boards, architraves and walls, particularly in some residents' bedrooms, ensuites and shared toilets. A programme of work was ongoing to address these areas.

Residents had access to a secure outdoor courtyard which had undergone some improvements since the previous inspection, including the installation of new paving. However, some of the wooden garden furniture required re-painting as it was worn.

The centre was warm and bright on the day of inspection. Murals were displayed within the centre which acted as a support to residents, to help them orientate themselves as they moved through the house. Residents' bedroom doors displayed photos of the residents and gave examples of their 'likes', such as 'going for walks' or 'music' which supported person-centred, positive interactions from staff. Others had decorated their doors with drawings and other items of meaning to them. Inside, residents' bedrooms were decorated with their own belongings, including photographs, artwork, ornaments and soft furnishings which one resident said "makes it feel like home".

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, the inspector found that there were some improvements required in respect of the oversight and management of processes to ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored. For example, an expired oxygen cylinder was being stored next to flammable items. An immediate action was issued to the registered provider on the day of inspection to address this finding. The flammable items were removed from the store room during the day of inspection and arrangements were made for the expired oxygen cylinder to be removed from the premises. These findings are set out further under Regulation 23: Governance and management.

This was an unannounced inspection carried out by an inspector of social services over the course of one day, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the compliance plan received from the previous inspection which was held in January 2025, and statutory notifications submitted by the provider since the last inspection.

Inspectors found that the compliance plan submitted by the provider in response to the findings of the previous inspection had been implemented.

The registered provider of Greystones Nursing Home is Greystones Nursing Home Limited which is part of the Evergreen Care Group. There was a well defined management structure in place. The person in charge reported to the Operations Manager and was supported in their role by a dedicated staff team consisting of an assistant director of nursing, a team of staff nurses and healthcare assistants.

Housekeeping staff, two activities co-ordinators, catering, maintenance and administration staff made up the remainder of the staffing compliment in the centre.

On the day of inspection, staffing levels were sufficient to ensure that residents' needs were met in a timely manner. When call bells rang, staff were seen to respond to residents without delay and there was a calm and unhurried atmosphere throughout the centre. Staff were observed on several occasions visiting with residents to offer them opportunities to go outside for walks, or to participate in other meaningful activities. Staff interactions with residents were warm and well informed, with it being evident that staff had a good knowledge of residents, their personalities and interests. Likewise, residents knew the staff well and many referred to staff members by name.

On commencing employment in the centre, staff underwent a robust induction programme and probationary period. Staff in the centre said they felt supported in their roles. There was evidence of staff appraisals taking place annually which offered opportunities for continued development for staff.

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.

Regulation 16: Training and staff development

Staff had access to a suite of training which was offered through both in-person and online means. Supervision arrangements were in place for staff and there was evidence of a robust induction programme for new staff members upon commencing their employment. Staff also participated in probationary reviews and annual appraisals with a member of the management team, to inform their ongoing development in their roles.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had maintained a Directory of Residents and this was made available to the inspector. The Directory contained all the information specified in paragraph (3) of Schedule 3.

Judgment: Compliant

Regulation 21: Records

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

Improvements were required in the management systems in place to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example;

The oversight of premises and general maintenance works required improvement. This was evidenced by;

- An expired oxygen cylinder was observed in a store room, surrounded by flammable items. An immediate action was issued to the registered provider on the day of inspection to address this finding.
- Some call bells were not easily available to residents, for example, the pull string was too short for residents to reach from one of the communal toilets and plastic grab loops were missing from some call bells making them difficult for residents to pull.

Improved oversight of staff training was required to ensure that staff received training, including refresher training, in line with the timeframes set out in the centre's own policy. For example, the centre's own policy required all staff nurses to complete training in responsive behaviours every two years. However, on the day of inspection 50% of nurses were overdue refresher training.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents living in Greystones Nursing Home 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 well. Feedback

from residents about the service they received was all positive, and residents spoke of how their right to choice was respected whilst living in the centre.

Residents were observed taking part in activities during the inspection. There was a weekly activities schedule in place and a dedicated activities coordinator was on duty Monday to Sunday each week to ensure residents social and recreational needs were met, with access to meaningful activities each day. Some residents told the inspector that they preferred to engage in their own activities such as watching TV or reading in their rooms and that staff respected their choice to do so. Residents' right to exercise their political opinions were also promoted. In the week prior to the inspection, several residents had been supported to cast their vote in the presidential election. 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.

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 spirituality and end of life, social and recreational, wound care, personal care and elimination care plans. The inspector also reviewed care plans for residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These care plans were written in a person-centred manner and clearly identified the types of behaviours expressed by the resident, potential triggers for that behaviour and set out de-escalation techniques for use by staff in the event of a behavioural episode. However, not all staff were found to have up to date training in the management of behaviours that challenge. This is discussed further under Regulation 7: Managing behaviour that is challenging.

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. Information about safeguarding and recognising types of abuse were clearly displayed throughout the centre for residents, staff and visitors.

Regulation 13: End of life

The inspector reviewed a sample of residents' spirituality and 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 5: Individual assessment and care plan

On admission to the centre, residents' health and social care needs were assessed. Personalised care plans were developed in line with residents' comprehensive assessments and were available within 48 hours of admission. There was evidence that care plans were reviewed no later than at four monthly intervals, or more frequently where required in response to changes in needs. Residents and their families, where appropriate, were involved in the care planning process.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector reviewed the centre's restraint register. Where restraints were used, appropriate assessments had been carried out. There was documented evidence of less restrictive measures being trialled prior to making a decision on the type of restraint used. Decisions to use restraint were made in consultation with residents or their families where appropriate, and there was documented evidence of involvement from other professionals including general practitioners (GP) and physiotherapists where required.

However, whilst staff had access to training on managing behaviour that is challenging, only 55% of staff were up to date with this training on the day of inspection. Therefore, not all staff had up to date knowledge and skills to respond to and manage behaviour that is challenging.

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

Regulation 9: Residents' rights

Residents had good opportunities to participate in activities in accordance with their interests and capacities. Residents were supported to exercise choice in their daily lives and could undertake personal activities in private. The registered provider had also ensured that residents had access to telephone facilities, televisions, radios and newspapers to keep up to date with current affairs. The inspector reviewed a sample of residents' meeting minutes and found that these provided residents' with an opportunity to participate in the organisation of the centre. Arrangements were also in place to enable residents to vote.

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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Greystones Nursing Home OSV-0000045

Inspection ID: MON-0048365

Date of inspection: 22/10/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Call bell management: The center has placed call bell in quiet room, and we've undertaken review of all call bell cord length to ensure that these are in easy reach for Resident.</p> <p>Oxygen cylinder: out of date cylinders removed from use on the day of inspection and replaced the following day, O2 expiry dates included in weekly check list by staff nurse. All O2 cylinders have been reviewed and all in date.</p> <p>Training matrix is part of monthly review by PIC, following the inspection, a training session has been booked for 21/12/2025 to capture those who had not received formal training on Dementia and behavior that challenges and those whose training has expired.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Training has been booked for 21.12.25 – this will capture those staff who have not undergone formal training & renewal training for those whose had expired. Safety pause meetings on this topic will continue.</p>	

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 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	03/12/2025
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	21/12/2025