

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

Issued by the Chief Inspector

Name of designated centre:	Kinvara House Nursing Home
Name of provider:	Kinvara House Limited
Address of centre:	3 - 4 Esplanade, Strand Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	19 August 2025
Centre ID:	OSV-0000054
Fieldwork ID:	MON-0047898

About the designated centre

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

Kinvara House Nursing Home is situated overlooking the seafront in Bray, Co. Wicklow. The centre was originally two Georgian buildings which served as a hotel in the early 20 century. It has been adapted and extended over time and can now accommodate up to 36 residents in single-bedroom accommodation. Bedrooms are located over four floors and all floors are accessible by two passenger lifts. All bedrooms have en-suite toilet and wash-hand basin and many also have a shower. Communal spaces include a day room, activities room, dining room, oratory and hairdressing room. There is an enclosed courtyard to the rear of the building and a garden to front. Kinvara House Limited is the registered provider and 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 older persons with differing care needs. 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:	34
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 19 August 2025	08:50hrs to 15:55hrs	Laurena Guinan	Lead

What residents told us and what inspectors observed

Residents spoke very highly of Kinvara House Nursing Home, with one resident describing it as a "home from home". On arrival, the inspector walked around the centre, which is housed in a Georgian building spread over four floors, and a new ground-floor extension. Significant refurbishment work had recently been completed, including new flooring and painting throughout. All areas seen were clean and comfortably furnished. Residents' bedrooms had been personalised with bed covers, cushions and photos, giving the centre a warm, homely feel.

On the day of inspection, the inspector saw residents being assisted by staff in a kind, respectful manner, and from conversations overheard, it was clear that residents and staff knew each other well. One visitor described the staff as "top class", and call-bells were heard to be answered promptly. There was a choice of rooms where residents could take part in activities or receive visitors, and a pleasantly decorated oratory was also available. A hairdressing salon was located on the lower-ground floor. A hairdresser attends once a week and sees residents in the salon or in their bedrooms, depending on their preference and ability.

There was access to an enclosed courtyard with attractive flowers, seating, and good pathways which enabled residents to enjoy the good weather. There was also access to an unsecured garden to the front of the house, and a number of residents said that they regularly went for walks along the seafront.

Residents had the choice to eat in the dining room located on the lower-ground floor, or in their bedrooms. The dining room had the menu on display. The room was bright, clean, and decorated with residents' artwork so the dining experience was a pleasant affair. Residents were given a choice of meal that was individually served, and inspectors were told the food was "good and wholesome". One resident said you could get meals at a different time if you felt unwell or were out with visitors.

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 impact on the quality and safety of the service being delivered.

Capacity and capability

Kinvara House Nursing Home was a well resourced centre with a clearly defined management structure. It was clear that the registered provider strove to deliver

high-quality care to residents; however, management systems required strengthening to ensure the service was consistent and effectively monitored.

This was an unannounced inspection over one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and to inform the renewal of the registration of the centre. The inspector also followed up on the compliance plan from the previous inspection and statutory notifications submitted to the Chief Inspector. Kinvara House Limited is the registered provider of Kinvara House Nursing Home, and the provider representative was present on the day of inspection. The person in charge is a registered nurse who works full-time in the centre, and they are supported in their management duties by the registered provider representative and a nursing manager who both also work full-time. The day-to-day running of the centre is facilitated by a team of nurses, health-care assistants, and kitchen, household, administration and maintenance staff.

The inspector reviewed the policies and procedures as per Schedule 5 of the regulations and found that not all the policies were updated to contain the correct information. The inspector was unable to access all policies as some of these were computerised, and the staff member responsible for the files was not on duty. This will be discussed under Regulation 4: Written policies and procedures.

The centre had an annual review for 2024, but there was no evidence that this had been done in consultation with residents and their families, and the inspector did not see a corresponding quality improvement plan. There was evidence of regular management and staff meetings, which discussed issues such as the allocation of duties and staff training. Minutes of residents' meetings showed good communication, particularly prior to and during the refurbishment works.

Maintenance staff conducted monthly checks, and issues identified were followed up on. However, the inspector found some call bells had been detached from the system in some ensembles. This was brought to the attention of the registered provider and maintenance staff. They reported this was an ongoing issue, and maintenance staff showed the inspector a list of call bells that were due to be repaired by an external company. They had also requested parts for the call bells from this company so minor repairs could be carried out immediately. A system of audits to reflect effective monitoring and improvement of the service was not available on the day of inspection, and other actions on the compliance plan from the inspection in February 2024 remained outstanding. These are repeat findings and will be discussed under Regulation 23: Governance and management.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew registration had been received by the Chief Inspector within the correct time frame.

Judgment: Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people
The annual fee had been received by the Chief Inspector.
Judgment: Compliant
Regulation 15: Staffing
There was an appropriate number and skill mix of staff to attend to the needs of the residents on the day of the inspection.
Judgment: Compliant
Regulation 22: Insurance
The registered provider had a valid contract of insurance against injury to residents.
Judgment: Compliant
Regulation 23: Governance and management
The registered provider had not ensured that the actions committed to in the compliance plan following the previous inspection in February 2024 were actioned. This was evidenced by: • A system of audits was not available for review on the day of inspection. • The oversight of management systems required strengthening, as issues identified in the compliance plan from February 2024 remained outstanding. These include: ○ The centre did not have appropriate sluicing facilities, which was to be completed by December 2024. ○ The resident's guide did not include the complaints policy. ○ Fire records were incomplete as a record of fire drills conducted was not provided on the day of inspection. ○ The call-bell system was not robust enough to ensure resident safety.

- There was no evidence that the annual review was prepared in consultation with residents and their families, and no corresponding quality improvement plan had been developed.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents contracts for the provision of care. Not all of the contracts contained the details set out in the regulations. For example:

- None of the six contracts of care reviewed had the room number or occupancy stated.
- Three of the contracts had two different schedules of fees to be charged.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose containing the information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider did not ensure that the policies and procedures were in line with the regulations. This was evidenced by:

- The complaints policy, and the policy on residents' personal property, personal finances and possessions were incomplete.
- The inspector was not provided with the policy on staff training and development, and therefore it could not be viewed on the day of inspection.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector observed residents receiving high quality care from staff who were kind, respectful, and familiar with their needs. However, improvements were required to the premises and staff knowledge of fire evacuation to reach compliance with the regulations.

Significant refurbishment works had been carried out on the premises, and the centre was seen to be clean, well maintained, and attractively furnished, with residents commenting on their pleasant surroundings. Despite the improvements, the centre remained without sluicing facilities, which is not conducive to good infection control. This was a finding on inspection in February 2024, and the provider had committed to addressing this by December 2024 as part of the refurbishment works. On the day of inspection, some call bells were found to be disconnected from the call bell system, which is also a repeat finding. These will also be discussed under Regulation 17: Premises.

The registered provider had improved storage practices to promote good infection control, and an infection prevention and control link person had been appointed. Staff had attended training in the area and displayed a good understanding of infection prevention and control.

Staff had received training in fire prevention and evacuation aids, but not all staff displayed a good understanding of evacuation procedures. For example, staff who spoke with the inspector were unaware of the location of ski sheets, and one staff member said they were not used. Maintenance staff had informed the inspector that ski sheets were on all beds as standard. However, the inspector observed that some beds did not have ski sheets, and this was brought to the attention of the provider representative, who clarified that this was an oversight. These mattresses had recently been replaced, and the ski sheets had not been put back in place. There was evidence that fire equipment was regularly tested and serviced, but the inspector did not see evidence of fire drills conducted. Fire maps and information on the evacuation procedure were not displayed at key locations in the centre, and two areas were identified as lacking directional signage. These were repeat findings from the previous inspection, and were brought to the attention of the maintenance staff, who assured the inspector they would be addressed immediately. This was also brought to the attention of the provider representative and will be discussed under Regulation 28: Fire precautions.

The inspector saw breakfast and lunch being served, and observed that residents choosing to dine in their rooms had their meals served hot, and with appropriate supervision. The atmosphere in the dining room was social and unhurried, with residents and staff engaging in casual conversation. Residents were given a choice of food, and all were very complimentary of the variety and quality of food offered. There was a choice of drinks available in all communal rooms, and residents were offered drinks and snacks between meals. All staff were aware of residents who required modified diets, and personal preferences were also known and respected.

Regulation 17: Premises

The registered provider had not ensured that the premises conformed to the matters set out in Schedule 6 of the regulations as evidenced by:

- Call-bell facilities in ensuites were not adequate to ensure residents' safety.
- Lack of appropriate sluicing facilities.

These were repeat findings.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were offered a choice of drinks and nutritious food that met their dietary needs, and adequate staff were available to assist at meals.

Judgment: Compliant

Regulation 27: Infection control

Staff had received training in, and displayed a good understanding of, infection prevention and control. An infection prevention and control link person had been appointed. However, while the registered provider had put control measures in place for the disposal of urinals and commodes, the lack of sluicing facilities was not consistent with guidance published by appropriate national authorities to reduce the risk of contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider in order to comply with the requirements of Regulation 28: Fire precautions, to ensure residents' safe evacuation in the event of a fire in the centre. This was evidenced by:

- Lack of staff understanding of fire evacuation aids used in the centre.
- Fire maps and information on evacuation were not displayed at key locations in the centre.

- Directional signage was missing along two evacuation routes.
- Lack of evidence that fire drills were conducted at regular intervals.

These were repeat findings from the previous inspection.

Judgment: Not 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Kinvara House Nursing Home OSV-0000054

Inspection ID: MON-0047898

Date of inspection: 19/08/2025

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: • All audits now available in both soft and hard for inspection – Completed • Appropriate sluicing facilities part of the premises compliance plan. • The resident's guide update to include complaints policy. – Completed • Fire records system of fire drills conducted record system updated. - Completed • Repairs carried out on ensuite call-bell system where required – Completed • Annual review 2025 will be prepared in consultation with residents through an anonymous survey available at reception area. - Completed	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: • All contracts of care reviewed and upated to contain the room number and single occupancy. Completed Contracts in case of a resident transferring from Private Fee schedule to Nursing Home Support scheme had two different schedules attached to contract. The schedule of fees to be charged presently is now only attached. - Completed	

Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: • Complaints policy, and the policy on residents' personal property, personal finances and possessions updated.- Completed • Policy on staff training and development Updated - Completed	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Repairs carried out on ensuite call-bell system where required – Completed • Lack of appropriate sluicing facilities. Options being sought to purchase additional property to facilitate sluicing facility required from neighbouring property. Solicitor to assist with potential purchase, Architect to draw up plans to apply for planning permission for same property following purchase, tenders to be sought to complete works and finally works to be completed. Additional review of current property to consider if sluice facilities in alternative location. – Expected time line: 12 months November 2026	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: • Appropriate sluicing facilities part of the premises compliance plan.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Training of fire evacuation aids used in the centre to be completed by staff – completed • New fire maps and information on evacuation designed awaiting delivery from printer – 31/10/2025 • Directional signage replaced.- Completed • Fire records system of fire drills conducted record system updated. - Completed	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2026
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	15/10/2025
Regulation 23(1)(f)	The registered provider shall ensure that the review referred to in subparagraph	Substantially Compliant	Yellow	15/10/2025

	(e) is prepared in consultation with residents and their families.			
Regulation 23(1)(h)	The registered provider shall ensure that a quality improvement plan is developed and implemented to address issues highlighted by the review referred to in subparagraph (e).	Substantially Compliant	Yellow	15/10/2025
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	15/10/2025
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	15/10/2025

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	30/11/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	15/10/2025
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/10/2025
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	15/10/2025

