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:	Castlebridge Manor Nursing Home
Name of provider:	Castlebridge Manor Private Clinic Limited
Address of centre:	Ballyboggan Lower, Castlebridge, Wexford
Type of inspection:	Unannounced
Date of inspection:	27 April 2026
Centre ID:	OSV-0005826
Fieldwork ID:	MON-0045668

About the designated centre

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

Castlebridge Manor Nursing Home is a two-storey building, purpose built in 2018, with a ground floor and first floor accessed by lift and stairs. It is located in a rural setting surrounded by landscaped gardens on the outskirts of Castlebridge village near Wexford town. Resident accommodation consists of 77 single rooms and 9 twin rooms. All bedrooms contained en-suite bathrooms and there were assisted bathroom's on each of the two floors where residents reside. The centre provides care and support for both female and male adults over the age of 18 years requiring long-term, transitional care, respite or convalescent care with low, medium, high and maximum dependency levels. The range of needs include the general care of the older person, residents with dementia/cognitive impairment, older persons requiring complex care and palliative care. The centre currently employs approximately 98 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	94

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 27 April 2026	09:00hrs to 17:00hrs	Sinead Corbett	Lead
Monday 27 April 2026	09:00hrs to 17:00hrs	Mary Veale	Support

What residents told us and what inspectors observed

The overall feedback from residents who spoke with the inspectors was that they were very happy and liked living in Castlebridge Manor Nursing Home. Residents were complementary of the centre, the staff, the quality of the care and activities provided, for example one resident described the centre as '100%', another said the staff 'couldn't be more excellent'. During the day, the inspectors met with many of the 94 residents living in the centre and spoke to sixteen residents and three visitors in more detail. The inspectors spent time observing daily life in the centre to gain an insight into the lived experience of residents in Castlebridge Manor Nursing Home. All interactions observed were person-centred and courteous. Staff were responsive and attentive without any delays while attending to residents' requests and needs on the day of inspection. Some residents who could not verbally communicate their needs appeared comfortable and content.

This inspection was a one day inspection conducted by two inspectors to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2013 (as amended). The inspectors followed up on the compliance plan submitted by the provider following the inspection of the centre in July 2025, and statutory notifications and a number of pieces of unsolicited information submitted to the Chief Inspector of Social Services. This information was used to support the development of lines of enquiry for this inspection. Inspectors spoke to residents to gain insight into their lived experiences in the centre. Inspectors also spoke to staff and spent time observing the environment and reviewing documentation.

Castlebridge Manor Nursing Home is a two-story purpose built designated centre registered to provided care for 95 residents on the outskirts of the village of Castlebridge, in County Wexford. The premises was laid out to meet the needs of residents. The centre was observed to be well-maintained, clean, bright, warm, and ventilated adequately throughout. The centre comprised of four units. Amber unit and Edenvale units were on the ground floor which operated as one unit. Slaney and Ferrycarrig units were on the first floor which operated as one unit. Each unit had day rooms and dining rooms. The centre's oratory was located on Amber unit and the visitors' room was on Edenvale unit. Residents had access to a sensory room, physiotherapy room and hairdressing room on the first floor.

There was a calm and welcoming atmosphere in the centre. Residents were seen to be moving freely and unrestricted throughout the centre on the day of inspection. A wide range of information was on display near the front entrance of the centre, for example, the Resident's Guide, safeguarding information, the centre's complaints procedure and the centre's statement of purpose. Resident photographs and art was displayed on the wall.

The centre had 77 single bedrooms and nine twin bedrooms all with en-suite wash hand basin, toilet and shower facilities. The privacy and dignity of the resident's accommodation in the twin rooms was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings. Bedrooms were nicely decorated. The inspectors observed that the majority of the residents bedrooms were personalised with residents' belongings such as photos, art and crafts works and ornaments.

The ground floor had two enclosed courtyard gardens. The bedrooms in the centre of the building were arranged around both internal courtyards and were accessible from resident's bedrooms on the ground floor. The courtyard gardens were attractive and well maintained with level paving, colourful flower beds and comfortable seating. Residents were seen accessing the garden on the day of inspection. There was a designated smoking area located in one of the courtyards.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents' enjoyed homemade meals and stated that there was always a choice of meals, and the quality of food was excellent. Residents said they could request meals that were not on the main menu if they wished. The daily menu was displayed on informatics screens in the dining rooms. There was a choice of two options available for the main meal. Jugs of water and cordial were available for residents. The inspectors observed homemade snacks been offered to residents during the morning and afternoon.

The centre provided a laundry service for residents. All residents' whom the inspectors spoke with on the day of inspection were happy with the laundry service.

Residents' spoken with said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to newspapers, books, radios, the internet and televisions. The activities programme was displayed throughout the centre on notice boards and included a range of activities, such as music, nail painting, hand massage, arts and crafts and bingo. A notice board displayed upcoming events, such as a party, birds of prey showcase, pony visit and Mens' Shed sessions. The inspectors observed residents participating in an exercise session in the morning and a live music event in the afternoon. A number of residents were observed sitting in the day rooms watching television or completing creative activities such as word search, crosswords and painting. In between activities music was played on the television in the morning and in the afternoon in the dayroom, this was at times loud and repetitive.

Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved. Residents had access to advocacy services. The centre had a rotating resident's ambassador who met with the activities team and person in charge regularly. Residents could bring any concerns or issues to their resident ambassador to discuss with the person in charge and the resident ambassador communicated with residents who could not attend the centres residents' meetings.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day. Visitors who spoke with the inspector said that staff were welcoming and they were happy with the care and support their loved ones received. A visitor sign in book and invitation to complete a digital visitor's survey on a tablet were located at the front reception.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The inspectors found that overall this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following inspection in July 2025. Overall, the management team were responsive to issues that arose during the inspection and made efforts to rectify these issues immediately, for example a large electrical cabinet was located in a store room, which contained a large quantity of combustible items. When brought to the attention of the management team, they immediately took action to empty the store room fully. Assurances were provided to the inspector on the day following the inspection that this store room had been emptied fully and measures were put in place to prevent the issue of inappropriate storage in this room. On this inspection, the inspectors found that the areas of resident's rights and contracts of care provision which were not fully aligned to the requirements of the regulations, this is outlined further in the report.

The registered provider is Castlebridge Manor Private Clinic Limited. The centre is part of a large group that own and manage a number of designated centres in Ireland. The person in charge reported to the regional operations manager to which reported upwards to the director of operations. The person in charge worked full-time Monday to Friday in the centre and was supported by a deputy persons in charge and two clinical nurse managers. The deputy person in charge and clinical nurse managers (CNM) works in a supernumerary capacity across each floor seven days a week to provide clinical supervision and oversight of residents care needs. A team of nurses, healthcare assistants, housekeeping, activities co-ordinators, catering, administration, laundry and maintenance staff supported the person in charge. The person in charge had access to group resources, for example; finance, human resources and facilities management.

The staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support.

There was an ongoing schedule of training in the centre and the person in charge had good oversight of training. An extensive suite of mandatory training was available to all staff in the centre and training was up-to-date. There was a high level of staff attendance at training in areas such as safeguarding, fire safety, manual handling, and infection prevention and control. Staff with whom the inspector spoke with, were knowledgeable regarding safeguarding procedures. Cardio- pulmonary- resuscitation (CPR), fire safety, as well as restrictive practice and responsive behaviours training was scheduled to take place in the weeks following the inspection.

The inspectors viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. Governance meetings, and staff meetings took place monthly and health and safety and restrictive practice meetings took place quarterly in the centre. Each department had a monthly staff meeting, for example; there were nurses, health care assistant, activities staff, catering, maintenance and housekeeping staff meetings. Meeting records were detailed containing agenda items, discussion that took place, actions required, the person responsible and the time frame to complete the outcome of the item. The person in charge completed a key performance indicator (KPI) report which was discussed with the regional operations manager. There was evidence of trending of incidents, infections and antibiotic use which identified contributing factors such as the location of falls and times of falls, and types of infections and recurrence. Since the last inspection, falls, care planning, medication, and infection prevention control audits had been completed.

A detailed annual review of the quality and safety of care delivered to residents took place in 2025 in consultation with residents and their families. Residents and families had been consulted in the preparation of the annual review through surveys and the residents' forum meetings. It set out the improvements completed in 2025 and improvement plans for 2026.

A sample of resident's contract for the provision of services were viewed on inspection. Some contracts did not include accurate information in relation to the fees paid by the resident, this is discussed further under Regulation 24: Contract for the provision of services.

The management team had a good understanding of their responsibility in respect of managing complaints. The inspectors reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents spoken with were aware of how to make a complaint and whom to make a complaint to.

Regulation 15: Staffing

On the day of the inspection, there were sufficient staff, with an appropriate skill mix to meet the individual and collective needs of the residents in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported by nurse management.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The contract for provision of services required did not contain clear details of fees for services, for example; Two contracts of provision viewed detailed the total cost of care as the fee to the residents who were in receipt of the Nursing Home Support Scheme. This was inaccurate as both residents were paying a contribution sum towards their cost of care.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the

investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service. A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant, in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, from what residents told inspectors and what inspectors observed, residents were supported to have a good quality of life in the centre. Staff and resident interactions were observed to be kind and respectful. Residents and visitors that spoke with inspectors were complimentary about the centre and the care delivered by the staff. Since the previous inspection, improvements were made with regards to food and nutrition and individual assessment and care plans.

Inspectors reviewed a sample of residents' care plans and good practices in individual assessment and care planning were noted. A wide range of validated assessment tools were utilised to identify risks such as falls, pressure ulceration, and malnutrition. Care plans were person-centred and were reviewed at minimum intervals of four months.

Residents' medical and health needs were met through a broad range of community-based health and social care services, for example dietetics, physiotherapy, General Practitioner (GP) and psychiatry of old age. In addition, residents had access to specialist services such as psychiatry of old age.

Residents were provided with opportunities to be consulted with and participate in the organisation of the designated centre, for example residents' meetings were held in the centre each month. Staff were employed in the centre to facilitate a programme of structured daily activities. In addition, residents had access to books, television, radio and Wi-Fi. Notwithstanding this good practice, in between structured activities, music was played on the television in the dayroom on the ground floor in the morning and again in the afternoon, the music was a 'disco mix' and it was repetitive and at times was played loudly, this did not provide a relaxing environment for residents. During the main meal, a radio was playing in the dining room, the music from the dayroom could also be heard, this did not provide a comfortable environment for residents to talk together or relax during the meal, this is discussed further under Regulation 9: Residents' Rights. The use of Closed Circuit Television (CCTV) in communal areas and display of the CCTV images at the nurses'

station on the ground floor did not fully afford residents' rights to privacy, this is discussed further under Regulation 9: Residents' Rights.

On the day of inspection, the centre was warm and comfortable. Residents had a choice of communal spaces in the centre and two well maintained enclosed gardens. There was adequate space for activities to take place. Residents had access to call bells in their bedrooms and in bathrooms and they had adequate space for personal items and lockable storage in their bedrooms. Bedrooms were decorated with residents' personal belongings.

Staff had completed training in the area of dementia care and managing responsive behaviours. The validated antecent-behaviour-consequence (ABC) assessment tool was used to identify triggers and manage responsive behaviours. Care plans for the management of residents' responsive behaviours included person-centred interventions. Risk assessments were completed and documented for restrictive practices such as the use of bedrails and the use of restrictive practices were reviewed regularly with the input of the multi-disciplinary team.

Staff that spoke with inspectors were knowledgeable of their role in protecting residents from abuse and in reporting concerns and staff had completed safeguarding training. The provider did not act as a pension agent for any resident and residents told inspectors that they have access to their own monies. Incidents or alleged incidents were investigated by the person in charge.

Residents were provided with wholesome and nutritious food choices for their meals and snacks and refreshments were made available. Residents were complimentary about the food and most said they have a choice of meals. A small number of residents said they were not offered a choice of meals, however, they said they could request something different if they wished. Some residents required special diets or modified consistency diets and these were well presented. A choice of breakfasts, lunch and dinner were displayed on screens in the dining room.

Visitors were seen to come and go throughout the day of inspection and visited residents in their bedrooms or in communal spaces. Visitors spoken to were complimentary about the overall quality of care in the centre.

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' weights were closely monitored and there was timely referral and assessment of residents' by the dietician. Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed residents' records and saw that where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, all relevant information was obtained from the discharge service and included in the resident's file.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to general practitioners (GPs), allied health professionals, specialist medical and nursing services. Evidence based nursing care and medical care was delivered to the residents. Residents had access to aids and appliances to maximise their independence and reduce risks, such as falls and pressure ulcers.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff have completed training on managing responsive behaviours. Restrictive practices were implemented in line with the Department of Health's national policy 'Towards a Restraint Free Environment in Nursing Homes'.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

There were two findings that impacted on residents' rights in the centre, they were:

- CCTV was in place in communal areas, such as the dayroom and the display screen was located at the nurses' station on the ground floor. This system allowed for both the viewing and monitoring of the displayed CCTV images from these areas, thus impacting residents' privacy.
- The music playing on the television in the day room on the ground floor in the morning and again in the afternoon was a 'disco mix', which sounded repetitive and at times loud, it did not provide variety for the residents and did not provide a relaxing environment. This music could be heard during the main meal in the adjacent dining room on the ground floor along with a radio

which was playing loudly in the dining room. A radio was also playing loudly in the dining room on the second floor during the main meal, this did not provide a comfortable environment for residents who would prefer a quieter atmosphere to enjoy their meal.
Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Castlebridge Manor Nursing Home OSV-0005826

Inspection ID: MON-0045668

Date of inspection: 27/04/2026

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 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 Resident contracts for the provision of care are currently being reviewed. The contracts for the provision of care will provide clear details of fees for services provided.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • CCTV has been disabled and is no longer displayed in the dayroom or at the Nurses station on the ground floor. • The provision of Music throughout the Centre has been reviewed. The activity coordinator and Nursing staff ensure Music provides variety and a relaxing environment for the Residents daily. Music will be discussed at the Residents Meetings to ensure the Residents' music suggestions are voiced and to ensure they are happy with the Music that is being provided.	

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 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	31/08/2026
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	28/04/2026
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure	Substantially Compliant	Yellow	28/04/2026

	that a resident may undertake personal activities in private.			