



**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:	Cairnhill Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Herbert Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	01 May 2025
Centre ID:	OSV-0000755
Fieldwork ID:	MON-0046992

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 Bray and has good access to local amenities, including bus routes. The premises are purpose-built, and four floors are in use, with bedroom accommodation located on the ground, first, and second floors. Three lifts provide access between the floors. The centre offers 93 places for men and women over the age of 18. The centre caters to residents of all dependencies, low, medium, high, and maximum, and can offer convalescence care, palliative care, respite, and long-term care. Twenty-four-hour nursing care is provided. A comprehensive pre-admission assessment is completed in order to determine whether or not the centre can meet the potential resident's needs. In total, there were 83 single and five twin rooms, all with full en-suite facilities. The bedrooms are spacious and comfortable. Sufficient communal space is available on each floor. The basement area is used mostly for support services such as the laundry, maintenance room, and hairdressing salon, along with offices, staff facilities and a training room. There is also a large function room located in the basement area, which is mostly used for movie afternoons and parties. Additional storage was also provided here. According to their statement of purpose, Cairnhill Nursing Home aims to provide the highest quality of care and services to all residents, above and beyond their expectations and those of their relatives. This is provided in a homely and friendly environment where residents' privacy and dignity are respected, and their individuality is maintained. It aims to provide an environment that is safe, homely, and friendly and in which residents feel secure. It also aims to provide a high standard of direct care services individualised to meet residents' needs while involving all those using the service and their families in planning and decision-making where appropriate.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	93
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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
Thursday 1 May 2025	08:40hrs to 16:45hrs	Sinead Lynch	Lead
Thursday 1 May 2025	08:40hrs to 16:45hrs	Sarah Armstrong	Support

What residents told us and what inspectors observed

Overall, residents in Cairnhill Nursing Home were supported to have a good quality of life. The feedback from residents was very positive. The residents spoken with told the inspectors that 'it was a lovely place to live' and that 'the staff were very helpful and kind'.

The premises was well-designed and laid out. Inspectors observed that the centre was warm and well-lit with plenty of natural light. Communal areas were nicely decorated with residents' artwork displayed in some areas. Communal spaces also had comfortable seating for residents to relax in. Residents' bedrooms were also tastefully decorated with personal effects including photographs, potted plants and soft furnishings which provided a cosy and homely feel.

There were some surfaces of bed side tables that required repair and the person in charge informed the inspectors that there were new tables ordered and awaiting delivery. There were other areas that required further review which are discussed further under Regulation 27: Infection prevention and control.

There was CCTV (closed circuit television) in use in the centre. There were signs in all areas informing residents of it being in place.

Residents meetings were held regularly and the minutes of the residents' meetings were observed to be displayed in a number of different areas throughout the centre. This indicated that residents were consulted with and participated in the organisation of the centre.

The residents had access to a courtyard. Following the previous inspection the exit door to this area was opened at all times for residents to avail of. This had ample seating and sun umbrellas. There were raised flower beds which were well-maintained.

The meal time experience for residents in the centre appeared natural and relaxed, with soft music playing in the background. Meals were presented in an appetising manner and there was a good choice of food available. Staff were supporting residents who required assistance with their meals in a discreet and gentle manner which promoted the residents' dignity. The menu was displayed in the dining room and residents could change their food choice at any stage. Residents were very complimentary about the food.

Residents had access to a range of meaningful social activities which took place on each floor of the centre. A weekly activity schedule was prominently displayed in multiple locations for residents. On the day of inspection residents were seen to be participating in activities which were aligned to their interests and capacities.

Activities on offer included newspaper reading, ball games and a musician also attended the centre to play live music for the residents on the day of inspection.

Inspectors observed good attendance throughout the day. Activity staff arranged these activities following consultation with the residents on their interests and preferences. On the morning of the inspection there was a church service available for residents from the Church of Ireland community which was offered on a monthly basis. Residents from the catholic community told the inspectors that they attended Mass in the centre on a monthly basis but that it was also accessible on-line to the residents seven days a week should they wish to attend.

Staff were observed to be very interactive with the residents. Staff responded to residents' requests in a polite, calm and kind way. They always knocked the bedroom doors before entering and called out to the resident to inform them who was entering the bedroom.

Visitors were observed coming in and out of the centre throughout the day. Visitors were also keen to provide positive feedback to the inspectors and highlight the kindness and willingness of staff to their loved ones.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being provided.

Capacity and capability

Overall, this was a good, well-resourced centre with effective governance and management arrangements which ensured residents were supported to enjoy a good quality of life and receive safe quality care and supports. This was an unannounced risk inspection carried out to monitor ongoing compliance in relation to the Health Act 2007 and associated regulations and standards.

The registered provider for this designated centre is Costern Unlimited Company. There was a clearly defined management structure in place with clear lines of authority and accountability. On the day of inspection the person in charge was supported by an assistant director of nursing (ADON), three clinical nurse managers (CNMs), a team of nurses, healthcare assistants, housekeeping, catering, laundry, maintenance and administrative staff. To support the management team there was a newly appointed regional operations manager, who was also on site on the day of the inspection.

An annual review was available and reported the standard of services delivered throughout 2024 and included a quality improvement plan for 2025. It included feedback from residents.

A variety of audits had been carried out with appropriate action plans developed to inform quality improvement. However, this inspection found a number of areas in relation to the infection prevention and control that required improvement which had not been identified by the provider's own internal auditing systems. This is discussed further under Regulation 27: Infection prevention and control.

Each resident had a contract for the provision of services which met the regulatory requirements.

There was a complaints policy and procedure in place. This was updated as required. The complaints register was viewed by the inspectors. There were no open complaints on the day of inspection but there were four previously submitted complaints that had since been closed in line with process. The procedure was displayed in the reception area. There were advocacy services made available to residents if they required support to make a complaint.

Staff training records were maintained to assist the person in charge with monitoring and tracking completion of mandatory and other training completed by staff. A review of these records confirmed that mandatory staff training in manual handling and fire safety had been completed.

There was a directory of residents made available to the inspector. This contained all the required information and details of each time a resident attended hospital or was out of the centre for short periods of time.

There was CCTV (closed circuit television) in use in the centre. There was a detailed policy in place indicating that there was only access to view this by two people in management. Notwithstanding the policy in place, this may impede residents rights to privacy in the communal areas such as the sitting rooms. The person in charge said that they will discuss the inspectors concerns with the provider to ensure residents are not negatively impacted by its use.

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training.

Staff were appropriately supervised on the day of the inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established a directory of residents which met the regulatory requirements and was made available when requested.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the good governance and the management systems for clinical oversight, some gaps were identified in respect of the registered provider's systems for monitoring infection prevention and control to ensure a safe environment at all times, as follows:

- There was insufficient access to clinical hand wash sinks made available to clinical staff to support effective hand hygiene. This was a recurrent finding which was also highlighted on a previous inspection in November 2023 but no action had been taken.
- Audits in relation to infection prevention and control failed to identify the issues highlighted by the inspectors as outlined under Regulation 27: Infection prevention and control.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of residents' contracts of care. Each contract was signed and dated and outlined the terms and conditions of the residents' accommodation, including the fees to be paid by each resident.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the regulations. A review of the records found that complaints and concerns were promptly managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, inspectors found that there was a high standard of service provided to residents in the centre and residents were in receipt of good quality care. Residents' health and social care needs were being met through good access to health care services and opportunities for meaningful social activities that were appropriate to their interests and capacities. Residents' rights were promoted by a team of dedicated staff who were committed to ensuring residents had a good quality of life in the centre.

There was good access to advocacy services available for residents and information on advocacy support was displayed on posters at a number of key areas in the centre. Residents were not restricted in their movement about their home, and inspectors noted that residents had free access to a secure garden area on the ground floor which was a positive improvement since a previous inspection.

Although the premises appeared clean in general, additional actions were required by the provider to ensure that residents were protected from the risk of infection. This is discussed further under Regulation 27: Infection control.

Residents had good access to general practitioners (GPs) and other health and social care professionals. There was clear evidence of appropriate and timely referrals being made for residents, including referrals to psychiatry of old age, speech and language therapists and tissue viability nurses. In addition, a review of residents' care plans showed that recommendations from GPs and other health care professionals were accurately incorporated into the residents' care plans to guide staff in providing suitable and good quality care. A person-centred approach had been taken in developing the residents care plans. Residents had been supported to complete a "key to me" assessment which allowed them the opportunity to impart personal information about themselves including their hobbies and interests, their families, likes and dislikes. Inspectors found that the information contained within residents' "key to me" assessments was integrated into their care plans and was effective in guiding staff to provide person-centred care.

Residents were supported to make their own choices about how they spent their day. They were provided with a choice of meals and snacks, what activities they wanted to attend and when they wished to return to their rooms.

Inspectors observed staff to be very responsive to the needs of residents during meal times. A number of residents had special dietary requirements and some required modified diets. These residents were observed to be receiving meals in line with their assessed needs and care plans. Other residents were provided with easy grip cutlery and cups which promoted their independence at meal times.

Regulation 10: Communication difficulties

Inspectors found that residents with communication difficulties were facilitated to communicate freely in the centre. Residents who were assessed as having specialist communication requirements had a detailed care plan in place to guide staff in how to communicate effectively with them.

Judgment: Compliant

Regulation 18: Food and nutrition

Inspectors observed that residents were offered choice at meal times. The meals presented to residents were wholesome and nutritious and looked appealing to eat. Residents' dietary needs were appropriately met. Those who required modified diets or had special dietary requirements were observed to be receiving meals in line with their assessed needs and care plans. There was an adequate number of staff available during meal times to supervise and assist residents as required.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge had ensured that in the event of a temporary absence or discharge of a resident that all relevant information about the resident was provided to the receiving designated centre, hospital or place. The person in charge had also ensured that in the event of a resident returning to the centre from another designated centre, hospital or place that all reasonable steps were taken to ensure all relevant information about the resident was obtained. This was evidenced by the records of two residents who had recently required hospital admissions.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured the implementation of guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management in the centre and staff had received suitable training on infection prevention and control. However, further efforts were required by the registered provider to ensure that the environment was managed in a way that minimised the risk of transmitting a health care-associated infection. This is evidenced by the following findings;

- There were insufficient number of clinical wash-hand basins available for staff. Staff were utilising sinks in communal toilets and resident en-suites for hand-washing which presented a risk of cross-contamination. This is a repeat finding.
- Inspectors reviewed a number of sinks in the centre and observed some plugholes to have a build-up of grime, for example, in the visitor's toilet on the ground floor and in a number of resident communal toilets. A review of infection control audits identified that bathroom audits were not capturing sinks on the audit checklist.
- Clean flat mop heads were stored on top of the hopper machine in two cleaning rooms observed. This presented a risk of contamination.
- Some surfaces were damaged and worn which meant they could not be effectively cleaned. These included a table top and dresser in the first floor main dining room and a damaged table in a bedroom on the first floor, for example.
- Inspectors observed inappropriate storage of items in a number of areas. Items were observed to be stored on the floor of a medical store, a treatment room and in the physiotherapy suite. This prevented the flooring in these areas from being effectively cleaned.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Comprehensive assessments had been completed for residents on their admission to the centre and inspectors found that these assessments were incorporated into residents' care plans. Residents' care plans were prepared within 48 hours of admission to the centre and there was clear evidence of consultation with residents and their families in the development of care plans. Care plans were regularly reviewed and promptly updated where there were changes to residents' needs and

were written in a person-centred manner with sufficient detail to clearly guide staff in providing safe and good quality care to residents.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical and other health and social care professionals and were supported to access a GP of their choice. Recommendations from medical and other health and social care professionals were accurately incorporated into residents' care plans and residents were provided with a high standard of nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had suitable facilities for occupation and recreation and were given opportunities to participate in meaningful activities in line with their individual interests and capacities. Residents were observed to have access to newspapers, television and radios and there was clear evidence that residents are consulted with and participate in the organisation of the centre.

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 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cairnhill Nursing Home OSV-0000755

Inspection ID: MON-0046992

Date of inspection: 01/05/2025

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> <ul style="list-style-type: none">• Each floor has been reviewed by PIC and Facilities Manager and locations for additional clinical hand wash sinks have been identified. As informed by the supplier the expected lead in time for availability on these sink units is 4 to 6 weeks. The home will then need to engage a plumbing contractor to install the sink units. Expected completion date 15.08.25• Audit tools have been reviewed and revised to include additional information on sinks, plug holes and shower traps. These audits will continue to be completed on a monthly basis. This action was completed immediately following receipt of the inspection report.	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none">• Each floor has been reviewed by PIC and Facilities Manager and locations have been identified for the installation of additional clinical hand wash sinks in line with the specifications recommended. As informed by the supplier the lead in time for availability on these units is 4-6 weeks. These will be installed by a contractor when received. Expected completion date 15.08.25• All sinks in resident bedrooms and communal bathrooms have been thoroughly cleaned to remove soap residue and stains. This action has been completed.• A replacement sink for the visitors toilet has been ordered and will be installed as soon	

as it is received. Expected completion by 12.06.25

- Additional shelving has been installed in the cleaning rooms to allow for the storage of clean mop heads and reduce the risk of contamination. This action has been completed.
- To date in 2025, a total of 5 full sets of bedroom furniture have been replaced. There have also been an additional 12 bedside lockers, 29 armchairs and 25 bed-tables replaced to date. Replacement furniture will continue to be purchased throughout 2025 to ensure all furniture is in a state of good repair and allow for effective cleaning. The dresser on the first floor has been repaired and the table replaced. This action will remain ongoing throughout Q3 and Q4 of 2025.
- Additional shelving has been installed in medication rooms, treatment rooms and in the Physio suite to ensure there are no items being stored on the floor. Wall brackets have been installed to allow portable Oxygen to be hung on the wall in the treatment rooms for emergency use. This will allow for effective cleaning of the floors in these areas. This action has been 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 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	15/08/2025
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	30/11/2025