



**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:	Rathborne Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Ashtown, Dublin 15
Type of inspection:	Unannounced
Date of inspection:	29 May 2025
Centre ID:	OSV-0007976
Fieldwork ID:	MON-0043154

About the designated centre

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

Rathborne Nursing Home is located in Dublin 15. There are 120 registered beds over two floors of the centre. The centre offers accommodation to both male and female residents over the age of 18 years. Care is provided to residents with low, medium, high and maximum dependency levels. The registered provider is Costern Unlimited Company. 24-hour nursing care is provided for all residents, and the centre maintains a person-centred model of care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	119
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How we inspect

To prepare for this inspection the inspector or 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 29 May 2025	07:30hrs to 16:05hrs	Sinead Lynch	Lead
Thursday 29 May 2025	07:30hrs to 16:05hrs	Maureen Kennedy	Support

What residents told us and what inspectors observed

On the day of inspection, the inspectors met with many residents and spoke with visitors in more detail to gain insight into their experience of living in Rathborne Nursing Home. Residents reported that the service was good and that they were happy in the centre. Visitors told inspectors that 'the staff are "tops", couldn't do enough for you' and 'the centre is amazing', 'Anything that you ask for is accommodated'.

The centre is laid out across two floors and is divided into four units, referred to as Elm, Beech, Ash and Oak. The centre was seen to be bright and tastefully decorated throughout with wall murals and mounted photographs of famous Dublin landscapes. Outdoor areas were very well-maintained and residents had easy access to both on the ground floor and on the top floor. These areas had adequate seating, tables and sun umbrella available for residents and their families. On one side of this out-door area there was a smoking zone available of each floor. Throughout the day, inspectors observed residents mobilizing freely around the centre.

Residents had access to numerous communal day spaces and a dining room on each respective unit. There were additional communal spaces available for residents outside the individual units on the ground and first floors, including an oratory, hairdressers and ample areas for seating. A tea and coffee dock was available where residents and visitors could help themselves with refreshments.

The inspectors met with three members of the residents committee. They spoke very positively about life in the centre where one resident described it as 'second to none'. These residents explained to the inspectors how their residents committee works and how they 'speak up' for other residents. One of these members said that any time they suggest new ideas they are always taken on board by management. Another member informed the inspectors that they chose this centre as they had another family member living here and always found the staff 'so kind and obliging'. These residents informed the inspectors that they loved to attend the twice weekly Mass as it allowed them to continue their spiritual practices. Another resident informed the inspectors that the food was 'great', their regular order for breakfast was three hash browns and that this was never an issue.

Inspectors observed breakfast and lunch being served. A hot breakfast was available to residents. The menu for the day was displayed in coloured picture format outside each dining area. The food appeared hot and appetising and most residents said the food was wonderful, they got lots of choice and it was always served hot. Residents had access to a choice of drinks with their lunch and they had drinking water in their bedrooms. Staff were available to assist residents, however, independence was encouraged and promoted.

Throughout the day, the inspectors observed call-bells were responded to promptly and residents spoken with said their call bells are answered when used.

There was an array of activities made available to residents. These included pet therapy, exercise sessions, zumba class and live music. The information pertaining to these activities was displayed around the centre.

The following two sections of the report outline how the governance and management arrangements of the registered provider determine the quality and safety of care provided and the specific findings are later outlined under individual regulations.

Capacity and capability

Overall, the inspectors found that residents in the centre benefited from well-managed and resourced centre. There were robust governance and management arrangements in place, which contributed to the provider's high level of regulatory compliance.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended). The inspectors followed up on previous compliance plan responses and found that they had been appropriately actioned by the registered provider.

Costern Unlimited Company is the registered provider for Rathborne Nursing Home. There were clear roles and responsibilities outlined with oversight provided by the Chief Executive Officer and a Clinical Operations Manager. The person in charge reported directly into the Clinical Operations Manager. The person in charge was a registered nurse who was full-time in the centre. The person in charge was supported in their role by an assistant director of nursing, four clinical nurse managers, a team of nurses and healthcare support staff.

The management team had developed audits that identified where improvements were required. They used these audits to implement improvement plans and drive quality care. There were regular management team meetings which included any accidents or incidents, complaints or premises concerns to name a few. Minutes of these meetings were provided to the inspectors. There was an annual review of the centre and a quality improvement plan in place. The residents opinions and their views were taken into account when developing this annual review.

There appeared to be sufficient staff on duty on the day of the inspection to support the needs of the residents. The staff were visible within the nursing home tending to residents' needs in a respectful manner. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities.

The complaints policy and procedure was reviewed. Complaints were managed as per the policy and at the time of inspection there was one current open complaint in progress.

Regulation 15: Staffing

A sample of staff duty rotas were reviewed and in conjunction with communication with residents and visitors, the inspectors found that the number and skill-mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. There was at least one registered nurse on duty at all times.

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

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability and demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication. There were clear systems in place for the oversight and monitoring of care and services provided for residents.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process.

Judgment: Compliant

Quality and safety

Overall, the inspectors were assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met.

Compliance plans from the previous inspection regarding care planning documentation was followed up and the provider had made improvements in this area. The inspectors saw that the care planning documentation was available for each resident in the centre. Residents displaying responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had appropriate care plans in place. Behaviour observation charts, such as ABC (Antecedent, Behaviour, Consequence) were in place and staff spoken with on the day of inspection had the knowledge to manage the responsive behaviours when displayed.

The inspectors found that residents were receiving a good standard of healthcare. Additional professional expertise including chiropody was accessible and available as required for residents. Management of residents' personal possessions and valuables had been strengthened and a rigorous process of twice daily checks was now in place.

Following appropriate assessment, residents' wishes and preferences were sought in a timely manner to ensure their end-of-life care needs were respected. Residents had a voice in the running of the centre. Arising out of requests at a residents' committee meeting, the registered provider had introduced arrangements to facilitate having the funeral at the designated centre, if that was the request of the resident or their family. Inspectors heard of other positive initiatives introduced in respect of end-of-life care and how a funeral the day prior to the inspection, had a guard of honour by the residents with the residents choir in attendance.

The inspectors noted that following the last inspection, the registered provider had put in place an improvement plan to enhance infection prevention and control (IPC). For example, monthly data on antibiotic usage was being collated by the person in charge to drive improvements in respect of antibiotic usage, in line with best practice guidelines. Staff had attended educational sessions and were knowledgeable regarding 'skip the dip' and antibiotic stewardship. Wall-mounted alcohol hand gels were available throughout the centre to support staff in hand hygiene.

The inspectors observed that the food offered to residents was of a high standard which appeared nutritious with a choice available at all mealtimes. Those residents

with modified diets were also catered for with the same choice made available to them.

Regulation 13: End of life

Each resident received end-of-life care based on their assessed needs, which maintained and enhanced their quality of life. Care practices respected residents' dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate numbers of staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured that procedures, consistent with the *National Standards for Infection prevention and control in community services* (2018) were implemented by staff.

Judgment: 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 were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to multi-disciplinary healthcare professionals as required.

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 7: Managing behaviour that is challenging

Staff were familiar with residents' needs and responsive behaviours were managed well, with detailed care plans in place. The use of any restraints was minimal and where deemed appropriate, the rationale was in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise.

The provider was a pension-agent for five residents. There were clear and transparent records made available to inspectors ensuring residents finances were safeguarded and protected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	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