

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

Issued by the Chief Inspector

Name of designated centre:	Nephin Nursing Home
Name of provider:	Willoway Nursing Home Limited
Address of centre:	132 - 134 Navan Road, Cabra, Dublin 7
Type of inspection:	Unannounced
Date of inspection:	02 July 2026
Centre ID:	OSV-0005880
Fieldwork ID:	MON-0050158

About the designated centre

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

Nephin Nursing Home is a purpose built facility and has a combination of single and shared accommodation over three floors. The centre can accommodate 61 residents, both male and female over the age of 18 years. There is an enclosed garden area located to the rear of the building which is accessible from the large dining room. Nephin Nursing Home is situated on the busy Navan Road, and a variety of bus routes stop close by. Prior to admission to Nephin Nursing Home, the resident is fully assessed by the director of nursing. A range of activities are provided which encourage residents to keep mobile and take an interest in life. Outings to the nearby community parks can be arranged. Full time nursing care is provided, for residents with needs that range from mild dependency to full dependency.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59
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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 2 July 2026	08:15hrs to 15:30hrs	Laurena Guinan	Support

What residents told us and what inspectors observed

The inspector found that this was a well-run centre where residents were supported by a team of staff who were kind and caring. This was an unannounced inspection carried out by an inspector of social services over one day. From what the inspectors observed and from what residents told them, residents were happy with the care and support they received. Those residents who could not articulate for themselves appeared comfortable and content. The centre had a relaxed and friendly atmosphere.

On arrival, the inspector conducted a walk-around of the centre, then had a meeting with the person in charge and the Assistant Director of Nursing. Nephin Nursing Home is a purpose-built facility spread over four floors, with resident accommodation on the ground, first and second floors. The lower ground floor comprises of communal facilities such as the kitchen, laundry, pharmacy, visitors' room and hairdressing salon, as well as staff changing rooms. A new air conditioning system had been installed in the laundry, and staff reported that it had made a significant improvement to the working environment. The pharmacy was observed to be unlocked, and medication stored inside was easily accessible. There was a substantial number of boxes stored on the floor, and the sink was blocked by drip stands. This was discussed with management who acknowledged that human error had led to the room not being appropriately secured. They also acknowledged that presses and the medication fridge inside the room should be kept locked to ensure enhanced security of medication. The volume of nutritional supplements stored on the premises was also discussed with the person in charge as they were inappropriately stored both in the pharmacy and at nurses' stations on the upper floors. The large number also posed challenges with correct rotation of stock to ensure supplements did not exceed their expiry date. The person in charge had recently been in contact with their pharmacy provider, and a plan was in place to adjust the ordering and delivery schedule to improve stock control.

Each of the ground, first and second floors had resident accommodation, sluice and store rooms, toilet and shower rooms, and dining/sitting areas. The inspector saw that all areas had a high standard of cleanliness, and residents had personalised their bedrooms with their own photos, cushions and bedspreads. One resident said that they chose to spend most of their day in their bedroom as it was 'lovely and peaceful' and had 'everything you need'. Each floor had a nurses' station that was secured by a low gate with a slide lock. This could be easily opened, allowing free entry into the space. Presses containing nutritional supplements and residents' files were unlocked, and residents' information was also accessible on the counters. This was addressed at the feedback meeting and will be discussed later in the report.

The large dining room on the ground floor was the main area where activities were held. There was good attendance at activities held here, both in the morning and in the afternoon. Residents said that they were always informed of what was taking

place each day, and were assisted to attend if they wished. Residents spoke about enjoying quizzes, bingo and arts and crafts sessions. There was a high level of supervision in all communal areas during the day, and the inspector saw staff interacting in a friendly and respectful manner with residents. There was access to a secure outdoor area from the main dining room. This had accessible pathways and furniture to enable residents to safely enjoy the outdoors. An appropriately equipped smoking area was also located here.

The inspector saw breakfast and lunch being served, and residents could choose to eat in one of the dining rooms, or in their bedroom. Residents described the food as 'excellent' and 'tasty'. They said that there was a good variety of foods offered, and that meals were always hot. All the meals were plated individually, with staff offering condiments and drinks to residents. Staff assisting residents to eat were seen to do so in a calm and respectful manner, and the atmosphere during mealtimes was pleasant and relaxed.

The centre had a number of areas where residents could receive visitors, and a birthday party was held in the visitors' room on the ground floor in the afternoon. Visitors spoken with said they were made to feel welcome, and felt that staff were friendly and respectful. They said that there was good communication from staff, and queries or concerns raised were dealt with promptly.

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

There was a clearly defined management structure in place and while there were many good management systems observed, the oversight of the storage of medication and residents' information was not effective. This was an unannounced inspection 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). Inspectors also followed up on the compliance plan from the previous inspection, statutory notifications submitted to the Chief Inspector and unsolicited information received since the last inspection in October 2025.

Willoway Nursing Home Limited is the registered provider for Nephin Nursing Home, and it is part of the Grace Healthcare Group that run a number of designated centres in the Leinster region. The Grace Healthcare Group provide support in areas such as finance and human resources, and the Chief Executive Officer and Regional Manager attend the centre regularly. The Chief Executive Officer was present on the day of the inspection. There was a person in charge who worked full-time in the centre and who was supported in their role by an assistant director of nursing and a clinical nurse manager. Staff nurses, healthcare assistants, activities coordinators,

household, catering and maintenance staff made up the remainder of the staff team in the centre.

The inspectors reviewed a sample of audits that indicated a good level of compliance in areas of care plans and infection prevention and control (IPC), and reflected what was seen on the day. Where areas for improvement were identified, an action plan was in place to address the concerns and these were seen to be completed. There was a schedule of meetings that showed a good system of two-way communication in the centre, and these also had action plans in place to address issues identified. Since the previous inspection, staff meetings were held separate to residents' meetings, although staff were also encouraged to attend residents' meetings to enhance their understanding of, and relationship with, residents. Staff spoken with said that they felt listened to and supported by management.

An annual review for 2025 had been completed in consultation with residents and their families, and a corresponding quality improvement plan was developed. These quality improvements plans were seen to be implemented in practice. For example, the induction process for new staff was strengthened to incorporate information on communication and Irish culture, and care plan audits were conducted quarterly to ensure accurate documentation. Records of daily walk-arounds showed that management regularly monitored the comfort of residents, manual handling practices, cleanliness and the dining experiences. These were conducted by different members of the management team at different times of the day to promote a high standard of consistent care across all shifts. However, these walkarounds had not identified issues with secure storage of medication and residents' information, as discussed under Regulation 23: Governance and management.

The inspector reviewed the staff rosters and saw that there was an appropriate skill-mix of staff, including at least one registered nurse on duty at all times. There had been a concerted effort since the last inspection to improve staffing levels in the centre. This involved a recruitment process, and the implementation of an absence management policy. A number of staff had been recruited, with some having commenced employment and others due to complete the recruitment process in the coming weeks. All vacancies were due to be filled by the end of July 2026.

On review of staff rosters, the inspector saw a minimal use of agency staff, which promoted continuity of care for residents. A comprehensive checklist was also in place to inform and orientate agency staff. Residents spoken with said that they were familiar with the staff caring for them, and a number of residents praised staff for their friendliness. Over the course of the day, call-bells were answered promptly and residents in communal rooms were seen to be appropriately supervised. Residents told the inspector that staff were always available to help, and they were never left waiting for assistance. The inspector saw evidence that dependency levels were reviewed at least quarterly, and these dependency levels determined the allocation of staff. Staff spoken with on the day said that they had time to complete their duties and interact with residents. The inspector reviewed the professional registrations for all nursing staff, and found that all staff who worked in the centre

as nurses held valid registration with the Nursing and Midwifery Board of Ireland (NMBI).

Regulation 15: Staffing

The staff and skill mix was appropriate to the number and needs of residents.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had maintained a Directory of Residents that contained all the information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Daily governance walk-arounds of the centre to ensure the centre was effectively monitored, had not identified:

- Nurses' stations where medication and residents' confidential information were stored were not effectively secured, as access was restricted only by a low gate that could be easily opened, allowing unauthorised access to these areas.
- Insufficient secure storage of nutritional supplements and medicines in the pharmacy and nurses' stations.

Judgment: Substantially compliant

Quality and safety

Residents living in Nephin Nursing Home told the inspector that the staff were caring and attentive, and the inspector saw many interactions during the day where staff displayed a good understanding of residents' individual needs and abilities.

The inspector reviewed a sample of care plans and saw that residents were assessed within 48 hours of admission. Validated assessment tools were used in this process, and these were used to develop care plans. Care plans were personalised and reviewed at a minimum of four monthly intervals. Residents who had known colonised infections had appropriate care plans in place.

Residents that had specific communication needs had these documented in their care plans, and staff spoken with were familiar with how to communicate with these residents. Where specialised communication aids were advised, these had been provided, and residents' choice to use them was respected.

Staff had received training in safeguarding and those spoken with displayed a good understanding of how to keep residents safe, and escalation pathways to follow if they had concerns about a resident. This was seen to be included in the induction pack, and discussed at staff meetings. An investigation had been conducted following a safeguarding incident, and actions required to address issues identified had been implemented. Residents who had safeguarding concerns had care plans personalised with measures to take, to ensure the resident was adequately protected. The inspector spoke with a number of residents during the day, and they all stated that they felt well-looked after by staff. Both residents and visitors said that they would feel comfortable raising concerns with staff, and felt that staff were understanding and responsive. The registered provider was a pension agent for twelve residents, and there was evidence that each resident had a separate account through which they could access their money.

There was a high level of cleanliness throughout the centre. Daily cleaning and deep cleaning schedules were in place and these were seen to be completed. Following the previous inspection, a number of handwash sinks had been installed, and training in IPC had been provided to staff. The training was both online and in-person and had been completed by all staff. Spot checks to monitor staff understanding of IPC procedures showed that staff were implementing the training in practice, and reflected what was seen on the day. The person in charge had identified two staff members to commence IPC training in September 2026 to fill the IPC link vacancy arising from a staff resignation. Antimicrobial use was being reviewed on a monthly basis to ensure adequate oversight of usage.

Regulation 10: Communication difficulties

Residents were facilitated to communicate freely, and care plans detailed specialist communication requirements.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured that infection prevention and control procedures consistent with the standards published by the Authority were in place and implemented by staff. Staff had received suitable training in infection prevention and control.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The registered provider had ensured that assessments were completed and care plans implemented within 48 hours of a resident's admission. Care plans were reviewed at a minimum of four monthly intervals.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse.

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 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Nephin Nursing Home OSV-0005880

Inspection ID: MON-0050158

Date of inspection: 02/07/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • All medicines, nutritional supplements and residents' confidential information have been removed from open or unsecured areas and are now stored in locked cupboards accessible only to authorised staff. • Conduct walk-arounds at varying times, including night shifts, to ensure continuous compliance. • Staff Training and Accountability: Staff to complete training on HSEland on data protection and confidential record storage. • Medication Safety Briefings: Highlight during daily handover and midday Pause meetings regarding the legal requirement for secure medicine storage. • The pharmacy has been reorganised, and the medication fridge, medicine cupboards and pharmacy door are kept securely locked when not in use. • Nutritional supplement ordering and stock levels have been reviewed with the pharmacy provider. A stock check has been introduced to support appropriate stock rotation and prevent excess storage. • Spot checks and management walk-around tool have been revised to include explicit checks of pharmacy and nurses' station, medication and nutritional supplement storage, and the protection of residents' confidential information. Any concern identified is escalated immediately to the Person in Charge and/or ADON for immediate action. • Access arrangements at all nurses' stations have been reviewed, and a risk assessment has been completed to identify and address the potential for unauthorised access. More secure access controls will be installed to reinforce the existing low gates at all nurses' stations by 30 September 2026.	

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	30/09/2026