



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

Issued by the Chief Inspector

Name of designated centre:	Suncroft Lodge Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Suncroft, The Curragh, Kildare
Type of inspection:	Unannounced
Date of inspection:	25 March 2026
Centre ID:	OSV-0000106
Fieldwork ID:	MON-0047140

About the designated centre

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

Suncroft Lodge Nursing Home is a 60-bed purpose-built facility, set in off the road and within walking distance of Suncroft village centre. The premises is a two-storey building, and a lift and stairs provide access to each floor. Residents' accommodation is set out over both floors and consists of 44 single and eight twin bedrooms. All bedrooms have en suite shower, toilet and wash and basin facilities. A variety of communal accommodation is provided, including a sitting room and quiet room on each floor and a dining room on the ground floor. Kitchen and laundry facilities are located on the ground floor. The provider employs nurses and care staff to provide care for residents on a 24-hour basis. The provider also employs catering, household, administration and maintenance staff. The centre's statement of purpose outlines that the ethos of care is to promote the dignity, individuality and independence of all residents. The centre provides care for male and female residents aged over 18 years with long term, respite, convalescence and dementia care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
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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
Wednesday 25 March 2026	07:50hrs to 16:30hrs	Maureen Kennedy	Lead

What residents told us and what inspectors observed

On the day of this unannounced monitoring inspection, the inspector spoke with many residents to gain insight into their experience of living in Suncroft Lodge Nursing Home. All residents spoken with were complimentary in their feedback and expressed satisfaction with the standard of care provided. Residents reported that the care 'couldn't be better' and that they got 'good support'. The inspector also spoke with some family members who were visiting on the day, who said that their family member was 'very well looked after'. There were 53 residents living in the centre on the day of this inspection.

The inspector arrived early at the centre and used the opportunity to observe the morning nursing handover (the exchange of relevant information in respect of residents between the night-time and day-time staff). The handover was observed to be thorough and comprehensive. A handover/resident information sheet was available for staff and each resident was discussed with any pertinent issues highlighted. Staff were informed of residents' specific care needs and any requirements for completion. On the day of the inspection, there were adequate staffing levels and skill-mix to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs.

On the morning of the inspection, the inspector walked around the centre which is laid out over two floors with residents' accommodation provided in single and twin bedrooms. The general environment and residents' bedrooms, communal areas and toilets inspected appeared clean and clutter-free. The premises was designed and laid out to meet the needs of the residents. Some residents were seen already up and in the dining rooms while other residents were observed sleeping or sitting in their room waiting for assistance from staff. Many of the residents' bedrooms were personalised with items that were important to them including their family photographs and souvenirs. The inspector observed residents had adequate space to store and maintain their clothes, with a lockable unit available for storage of other personal possessions.

The inspector found a calm, quiet atmosphere and residents residing in their bedroom had access to their call bell and they confirmed that when they called, staff came to their room promptly. Staff were observed attending to residents' requests for assistance in an unrushed and patient manner. Staff were aware of residents' needs, and the inspector observed warm, kind, dignified and respectful interactions with residents and their visitors throughout the inspection. Residents' rights were upheld in the centre. The activity coordinator was on-site to organize and encourage resident participation in events. Activities were provided in accordance with the needs and preference of residents and there were daily opportunities for residents to participate in group or individual activities. There was access to advocacy with contact details displayed in the centre.

The environment was very clean and tidy on inspection day. The inspector observed good practices in relation to standard precautions to reduce the spread of infection. For example, waste and laundry linen were managed in a way to prevent the spread of infection. Linen was appropriately segregated at point of care. There was a laundry on-site and residents told the inspector it was 'a good service' with items returned to residents in a timely manner. Staff were observed to have good hand hygiene practices. The inspector observed that equipment used by residents was in good working order and reusable equipment was cleaned and stored appropriately.

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

Overall, the inspector found that residents benefited from a well-run centre with good leadership and good governance and management arrangements in place which contributed to the centre's high level of regulatory compliance as evidenced by the findings of this unannounced inspection.

This inspection was carried out to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). The registered provider of Suncroft Lodge Nursing Home is Costern Unlimited Company. There was a clearly defined and effective management structure in place. There was a schedule of regular team meetings in place including governance, management, staff and residents meetings. Minutes of these meetings were provided to the inspector. The management team had developed audits that identified where improvements were required. They used these audits to implement improvement plans and drive quality care. The inspector reviewed the annual review of the centre and a quality improvement plan was in place. The residents' opinions and their views were taken into account when developing this annual review.

Documents were available for review including, written policies and procedures, directory of residents and complaints procedures and were compliant with the legislative requirements. The complaints policy and procedure were reviewed. There were no open complaints in the centre at the time of the inspection. Records showed that complaints were managed as per the policy.

Regulation 14: Persons in charge

The person in charge had the necessary experience and qualifications as required in the regulations. They worked full-time in the centre and were well-known to staff and residents.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all of the required information under the regulation.

Judgment: Compliant

Regulation 23: Governance and management

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored were in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication.

Judgment: Compliant

Regulation 34: Complaints procedure

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

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as required in Schedule 5 of the regulations were available for review, and had all been updated within the last three years.

Judgment: Compliant

Quality and safety

Overall, the inspector was 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.

Staff had access to relevant training on responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were knowledgeable of residents' needs and used appropriate diversion and de-escalation techniques to manage responsive behaviours when they occurred. On the day of the inspection, the inspector observed staff providing person-centred care and support to residents who experienced responsive behaviours.

The inspector observed the dining experience in the centre. Breakfast was served in the residents' bedrooms or if preferred in one of the two dining rooms which were bright, spacious, clean and very nicely decorated. The lunch food served on the day of inspection was seen to be wholesome and nutritious with a choice of food available. The inspector observed that mealtime was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. The inspector observed staff offering encouragement and assistance to residents. Residents' independence was promoted with easy access to condiments on each dining room table. A variety of drinks were being offered to residents with their lunch. Residents said that they got plenty to eat, lots of choices of food available and had access to food at all times.

The inspector observed medication administration and was assured that residents were protected by safe medicine practices. Controlled drugs were stored safely and checked at least twice daily as per local policy. Checks were in place to ensure the safety of medication administration. There was good pharmacy oversight with regular medication reviews carried out. There was evidence of good oversight of multi drug resistant organisms (MDRO) and antibiotic stewardship.

Regulation 12: Personal possessions

There was adequate space for residents to store their possessions, and clothes were laundered regularly and returned to the resident.

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 26: Risk management
There was a risk management policy and risk register in place which identified hazards and control measures for the specific risks outlined in the regulations. Arrangements for the investigation and learning from serious incidents were in place and outlined in the policy.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. There was good oversight with regular medication reviews carried out.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
The designated centre's policy was available for review. The use of any restraints was minimal and where deemed appropriate, the rationale was in accordance with national policy.
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 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant