



**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:	Gormanston Wood Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Gormanston, Meath
Type of inspection:	Unannounced
Date of inspection:	15 April 2025
Centre ID:	OSV-0000131
Fieldwork ID:	MON-0046831

About the designated centre

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

Gormanston Wood Nursing Home is situated across the road from Gormanston beach in Co Meath. It is registered to care for 89 residents both male and female over the age of 18. The centre provides individualised care to residents who require long term residential, convalescent and respite care. The philosophy is to embrace positive aging and place the resident at the centre of all decisions in relation to provision of their care.

The centre is made up of four separate units, Laurel, Cedar, Elm and Beech a dementia specific unit these units are spread over two floors. The centre has 73 single and eight twin bedrooms, all of which have an ensuite bathroom. Residents have access to mature and colourful gardens from each of the four units.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	80
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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
Tuesday 15 April 2025	08:00hrs to 16:00hrs	Yvonne O'Loughlin	Lead
Tuesday 15 April 2025	08:00hrs to 16:00hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

From what residents told the inspectors and from what was observed, it was evident that residents were very happy living in Gormanstown Wood Nursing Home and their rights were respected in how they spent their days. Residents who spoke with the inspectors expressed satisfaction with the staff, food, bedroom accommodation and services provided to them.

The inspectors were met by the person in charge on arrival to the centre. Following an introductory meeting, the inspectors walked through the centre and reviewed the premises. The inspectors met with the majority of residents during a walk around the centre and spoke with ten residents in more detail about their lived experience in the centre.

The inspectors met with seven visitors during the inspection. Visitors expressed a high level of satisfaction with the quality of the care provided to their relatives and friends and stated that their interactions with the management and staff were positive. Visitors reported that the management team were approachable and responsive to any questions or concerns that they may have.

Residents had easy access to a secure internal courtyard. This area was well maintained and decorated nicely to provide ample space for residents to relax in the fine weather. On the day of the inspection two of the residents were gardening and a group were chatting outside.

The centre has four units called Elm, Cedar, Beech and Laurel over two floors. Each unit has its own facilities to care for the residents. There are 73 single rooms and 8 twin rooms all with ensuite facilities. There is a laundry on-site which supported good infection prevention and control practices (IPC), it was clean and well ventilated with separate areas for the clean and dirty linen.

There was an information notice board for residents and visitors close to the reception, this was to inform residents of the services available to them whilst being a resident in the centre. Advocacy and other supports services were displayed with their contact details. Information leaflets on IPC were displayed also.

Call-bells were available throughout the centre. Staff were responsive and attentive without any delays in attending to residents' requests and needs. Staff knocked on residents' bedroom doors before entering. The inspectors observed that staff were familiar with residents' needs and preferences and that staff greeted residents by name. Residents appeared to be relaxed and enjoying being in the company of the staff.

On the day of inspection there was Mass held by the local priest in the "Winter Garden". This was a large room that was decorated nicely, the atmosphere was jovial and there were enough staff to support the activities.

The kitchen was large enough to cater for the residents needs, it was well ventilated and the fixtures and fittings were clean and in good repair. The kitchen had a separate area for cleaning products and cleaning equipment that included a janitorial unit. The dining rooms were bright, spacious, cosy and very nicely decorated. Residents enjoyed meal times as many were observed laughing and talking with staff. Many residents told the inspectors that the food was 'good quality' and that they had access to choices at mealtimes.

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 impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

Overall, the registered provider was striving to provide a service compliant with the regulations. Some opportunities for improvements were identified in the area of quality and safety which is further discussed within this report.

This unannounced inspection focused on the infection prevention and control related aspects of the regulations.

Costern Unlimited Company is the registered provider for Gormanston Wood Nursing Home. This centre is a part of the Trinity Care Homes Group which has a number of nursing homes throughout Ireland. On the day of inspection the person in charge was supported by an assistant director of nursing (ADON), a team of nurses, healthcare assistants, housekeeping, catering, laundry, maintenance and administrative staff. To support the management team there was an operations manager, who was also on site on the day of the inspection.

There were regular management team meetings and minutes of these meetings were available to the inspectors. The management team had documented improvements that they wanted to implement following both clinical and non-clinical audits in the centre. Action plans were made available with achievable time-frames set.

The director of nursing had overall responsibility for IPC and antimicrobial stewardship (AMS). The provider had also nominated a senior nurse to the role of

IPC link nurse. The centre was also supported by an external IPC team, and one specialist was on-site giving training on the day of the inspection.

Documentation reviewed relating to *Legionella* control provided the assurance that the risk of *Legionella* was being effectively managed in the centre. For example, unused outlets were regularly flushed and routine monitoring for *Legionella* in the hot and cold water systems was undertaken.

Staff had effectively managed several small outbreaks and isolated cases of transmissible infections in recent years including two outbreaks in 2024. There had been no outbreak in 2025 to date. Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. A review of notifications submitted found that outbreaks were managed, controlled and reported in a timely and effective manner.

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

Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of the residents living in the centre.

There were sufficient staff resources to maintain the cleanliness of the centre. There were housekeeping staff in each area of the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were maintained to assist the person in charge with monitoring and tracking completion of mandatory and other training undertaken by staff. A review of these records confirmed that IPC training was on going. On the day of the inspection an external IPC specialist was on-site giving face to face training.

Staff were appropriately supervised on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements ensured the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Quality and safety

Residents were receiving a high standard of care in an environment which supported and encouraged them to enjoy a good quality of life. Residents were found to be receiving care and support in line with their needs and preferences.

Staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise any risk to residents, visitors and their co-workers, such as appropriate use of personal protective equipment (PPE), safe handling of waste. However, improvements were required in relation to sharps management, hand hygiene facilities and the cleaning of equipment. Findings in this regard are presented under Regulation 27: Infection control.

Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Overall, the standard of care planning was good and described person

centred and evidence based interventions to meet the assessed needs of residents. However, a review of care plans found that sufficient information was not recorded to effectively guide and direct the care of a small number of residents with indwelling urinary catheters. Details of the issues identified in the care plans are set out under Regulation 5: Individualised assessment and care plan.

Antimicrobial stewardship initiatives reviewed provided ongoing assurance regarding the quality of antibiotic use within the centre. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. Prophylactic antibiotic usage was also monitored and records indicated that there was a low level of prophylactic antibiotic use within the centre, which is good practice. In addition, the use of dipstick urinalysis was no longer routinely used to assess for evidence of urinary tract infection in adults without clinical signs and symptoms of infection. This initiative minimised unnecessary antibiotic prescribing.

Since the last inspection the provider had improved the hand hygiene facilities in the centre, clinical hand hygiene basins were available within easy access on each unit. These sinks complied with the recommended specifications for clinical hand- wash basins and were clean and in good repair. However, some opportunities for improvement were still required. For example, alcohol gel dispensers were not available at the point of care for all residents. This is discussed under Regulation 27: Infection control.

The premises was designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had ample space for their belongings. The general environment including residents' bedrooms, communal areas and toilets was visibly clean and well maintained with a few exceptions. For example, some of the bedrooms in Laurel Unit needed painting as there was wear and tear on the paintwork. The flooring in the reception area and in parts of the Elm Unit were worn, these maintenance works had already been identified by the provider and were on a schedule of maintenance works.

There was sufficient storage in the centre but some of the storage rooms would benefit from reorganisation. For example, residents' toiletries were stored in the clinical room as opposed to the general store.

Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was limited restrictions on visiting. Visitors spoken with by the inspectors were complimentary of the care provided to their relatives and were happy with the visiting arrangements in place.

The visitor policy outlined the arrangements in place for residents to receive visitors and included the process for normal visitor access, also access during outbreaks and

arrangements for residents to receive visits by their nominated support persons during outbreaks.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements, for example:

- One of the bedpan washers in the Elm Unit was out of order. Staff were unsure about the time line for the repair and there was no out-of-order sign to inform staff. On the day of the inspection a used urinal was left on the bed pan rack which held clean items. This meant clean items may be contaminated and increase the risk of infection spread.
- The hot tap in the sink of one of the housekeeping rooms was broken.
- Some wear and tear of surfaces in the centre. For example, areas of the hall and some of the bedrooms need repainting.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that there was effective communication within and between services when residents were transferred to or from hospital to minimise risk and to share necessary information. The transfer document and the pre-assessment document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Judgment: Compliant

Regulation 26: Risk management

The provider ensured that a comprehensive risk management policy which met the requirements of the regulations was implemented in practice. For example, ensuring risks related to infectious diseases such as *legionella* were assessed and appropriate controls were implemented.

Risk management procedures and outbreak management plans were reviewed and updated in line with national best practice guidelines.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services* (2018), however further action is required to be fully compliant. For example;

- Alcohol gel dispensers were not sufficiently available at the point of care for staff to decontaminate their hands between the care of each resident.
- Equipment was not consistently managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by,
 - The needles used for injections and drawing up medication lacked safety devices in line with best practice guidelines. This omission increased the risk of needle stick injuries, which may leave staff exposed to blood borne viruses.
 - A lot of the sharps boxes in use did not have the temporary closure engaged and were filled up too high. This increased the risk of spillage and a needle stick injury to staff.
 - A wheelchair and a residents cushion that was stored away for reuse were visibly dirty.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed residents' care documentation and found that care planning required improvement to ensure each resident's health and social care needs were identified and were accurately detailed to guide safe care. This was evidenced by, a small number of indwelling urinary catheter care plans which did not detail measures to reduce or prevent urinary tract infections.

Judgment: Substantially compliant

Regulation 6: Health care

Nursing staff were engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing. Residents had access to the groups own occupational therapist (OT) for support where necessary. A general practitioner (GP) came on site twice weekly to support the health needs of the residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to access recommended vaccines, in line with the national immunisation guidelines. The inspectors observed kind and courteous interactions between residents and staff on the day of inspection. Residents had access to a varied activities programme that was clearly displayed.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Gormanston Wood Nursing Home OSV-0000131

Inspection ID: MON-0046831

Date of inspection: 15/04/2025

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: We have completed an audit on rooms and have identified rooms using a Priority 1 / 2 type system . We will engage the company painter and commence a programme for room upgrades starting with P1s We will work with residents to ensure the least disruption whilst this works ensues.</p> <p>The bed pan washer requires new parts and these are being sourced.</p> <p>The hot tap in housekeepers room has been repaired by maintenance</p> <p>The works for reception / plans and subsequent flooring in Elm is under consideration with HIQA and Trinity They are scheduled for Q3/4</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>I have ordered more alcohol hand sanitizers and will fit them to the bedrooms with double occupancy and review need on corridors with external IPC specialist</p> <p>I have ordered safety needles and on their arrival I will decommission those other with no safety device.</p> <p>The chairs and W/Chairs are now scheduled for cleaning in all units</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>I have compiled a care plan for those with Indwelling catheters which can be adapted and personalized accordingly. This is now implemented.</p>	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2025
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	31/05/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph	Substantially Compliant	Yellow	09/05/2025

	(3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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