

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

Issued by the Chief Inspector

Name of designated centre:	Raheny House Nursing Home
Name of provider:	Raheny House Nursing Home Limited
Address of centre:	476 Howth Road, Raheny, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	24 September 2025
Centre ID:	OSV-0000138
Fieldwork ID:	MON-0048310

About the designated centre

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

Raheny House Nursing Home is a centre in a suburban area of north Dublin providing full-time care for up to 43 adults of all levels of dependency, including people with a diagnosis of dementia. A core objective outlined within the centre's statement of purpose is 'To care for those who have entrusted themselves to us. To provide for their physical, social, emotional and spiritual needs to the best of our ability as per best practice nationally and globally'.

The centre is across two storeys and the upper floors are divided into two parts. Bedroom accommodation comprises 37 single and three twin bedrooms and a variety of communal rooms were available that were stimulating and provided opportunities for rest and recreation.

There is an oratory onsite close to a spacious dining room. A smoking room adjoins the main recreation room and an enclosed outdoor garden courtyard is accessible from the ground floor recreation room and from the conservatory.

The centre has a spacious car park and is in close proximity to local amenities and public transport routes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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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
Wednesday 24 September 2025	08:55hrs to 17:40hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a good quality of life in Raheny House Nursing Home. Residents were supported by a team of attentive staff who were seen to be responsive to their individual needs. Feedback from residents was positive. Residents expressed their satisfaction with the staff in particular. Residents spoken with said they were well looked after and that staff were kind and gentle. Some of the residents had attended a recent outing to a hotel and one resident told the inspector "the staff were great, we had a great time". Residents were complimentary of the food served in the centre and said that if they did not like what was on the menu, staff would provide them with an alternative option. Visitors spoken with were very complimentary of the quality of care that their family members received, including support during the admission process.

Overall, on the day of inspection the atmosphere in the centre was calm and relaxed. The inspector observed numerous staff and residents interactions throughout the day, all of which were found to be courteous, kind and respectful. Interactions also demonstrated that staff had a good knowledge of the residents and their preferences. Most residents were observed in the communal living room on the day of the inspection and this is where the activities took place. Other residents were observed relaxing near the nurses station reading the newspaper and enjoying the view to the side garden.

There were nicely decorated outside areas for residents to spend time in when the weather permitted and ramps with handrails created walkways around the garden. The inspector observed raised planting beds where residents had grown their own fruit and vegetables during the summer months. The garden was surrounded by a large wall, which was mostly well-maintained however, the inspector observed a small part of the brickwork in one area appeared loose and uneven. In addition, there was an uneven pathway in this area also which required attention as residents could trip when using it.

An information board was on display opposite the sitting room, which displayed relevant information for residents such as human rights information, details on the bi-weekly trips to the local village and information on the upcoming presidential candidates.

Residents resided in 37 single and three twin-bedded bedrooms, one of which had an en-suite. Access to shower or bath facilities was shared. Residents' accommodation was set out over two floors, the ground and the first floor. Bedrooms on the first floor were accessed by stairs, stair lift or a lift. During a walk around of the centre the inspector observed that residents' rooms were kept clean and tidy. The inspector saw that residents' bedrooms were decorated to their tastes. Residents were observed mobilising around the centre throughout the day. Tasteful

artwork and decorative items were in place around the centre which provided a nice and homely feel.

During the walk around of the centre, the inspector observed that the electrical distribution board room next to the staff canteen was being used as a maintenance store room and contained items such as shelving units with maintenance tools, glue, paint and other items. The boiler room which was located beside this room was also used to store ladders, boxes and electric gardening tools. The provider was requested to remove these items from the rooms, which were cleared before the end of the day. There was a large dining area, where most residents chose to have their main meal. The mealtime experience was observed by the inspector and residents were served food that was hot, wholesome and staff were available at mealtimes to assist residents with their needs. The smoking room for residents who smoked was located adjacent to the dining room in a conservatory style room and was separated from the dining room by a door. This was seen in use by residents throughout the day and the inspector observed there was a smell of cigarette smoke in the dining room and in the corridor beside the dining room at various times throughout the day.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this inspection found improved compliance with the regulations since the previous inspection. This was a well-managed centre where residents were receiving a good standard of person-centred, safe care. Notwithstanding, some further improvements were required to ensure sufficient oversight of the management of complaints, premises and fire safety.

This was an unannounced inspection 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) and inform the registration renewal of the centre. During this inspection, the inspector followed up on the compliance plan from the previous inspection conducted in October 2024, and found that the provider had completed all actions committed to as part of the compliance plan.

The registered provider is Raheny House Nursing Home Limited. It is a part of the Evergreen group who own and run a number of nursing homes throughout Ireland. A regional manager was present on the day of the inspection. The person in charge was supported in their role by an assistant director of nursing, a clinical nurse

manager and a team of nurses, health care assistants, an activity coordinator, housekeeping and catering staff.

On the day of the inspection, the staff numbers were consistent with those set out in the centre's statement of purpose. There was at least one registered nurse on duty at all times. A sample of staff files reviewed found that staff had the appropriate Garda (police) vetting certificate in place prior to commencing employment.

The inspector reviewed the complaints log since the last inspection. From a small amount of complaints received all were seen to be acknowledged within the timeframe provided and appropriately investigated. However, some areas for improvement were also identified as detailed under Regulation 34: Complaints.

The provider had structured systems in place to monitor and review the quality of the service provided for residents. There was a schedule of regular team meetings in place including governance, management and staff meetings. Agendas were comprehensive comprising of health and safety, risk management, accidents or incidents, complaints or premises issues. Minutes of these meetings were provided to the inspector. The management team had developed audits that identified where improvements were required. However, there were some improvements required to ensure that all information about the service was being captured and responded to appropriately as outlined under Regulation 23: Governance and Management.

The inspector reviewed a sample of incidents and accidents that had occurred in the centre and found that they had been reported as required under the regulations to the Chief Inspector.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. A completed application form and all the required supporting documents had been submitted with the application form.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection there were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

While the management structure of Raheny House nursing home ensured that there were resources available, the governance and management systems in place required further strengthening to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored.

For example;

- Oversight of storage practices was not sufficient and required review. Provider's internal management systems had not identified inappropriate storage of materials in high risk areas as a safety risk. The provider promptly addressed this on the day of inspection.
- Further oversight of the management of complaints was required to ensure the procedure was being followed at all times.
- The location and operation of the smoking room meant that there was a smell of cigarette smoke in the dining room and corridors at times. This required further review to ensure it was effectively monitored and managed so that it did not have an adverse impact on the other residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all incidents and accidents occurring in the centre was maintained. Required notifications were submitted to the office of the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

From a review of the complaints log the inspector found that complaints were thoroughly investigated and prompt responses were provided to the complainant. Notwithstanding;

- From a sample of five complaints reviewed the inspector found that for two written complaints the details of the review officer and Office of the

Ombudsman were not provided to the complainant in the written response provided by the complaints officer.
Judgment: Substantially compliant
Regulation 4: Written policies and procedures
Schedule 5 policies as required under the regulations were made available. These had been updated and reviewed following any changes or updates as required.
Judgment: Compliant
Quality and safety
<p>Overall, the inspector found that the care and support received by residents residing in Raheny House Nursing Home was of good quality. The inspector observed that the staff treated residents with respect and kindness throughout the inspection. Generally, the premises was well-maintained and there was a schedule of maintenance in place for issues that arose however, some action was required by the provider under Regulation 17: Premises and Regulation 28: Fire Precautions to adequately and effectively maintain the safety of the residents in the centre.</p> <p>There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff had received up-to-date training in protecting residents from abuse. Details of advocacy and contact details for safeguarding services were on display throughout the centre.</p> <p>The registered provider had implemented the required actions following the previous inspection and an additional fire door had been installed. There was an improved level of oversight generally from the registered provider in relation to fire management following previous inspections, however, further action was required to address the risk of fire. This is further discussed under Regulation 28: Fire Precautions</p> <p>The registered provider had changed areas of flooring in the centre and implemented a painting schedule since the last inspection. On the day of the inspection the premises was nicely maintained and clean. It was nicely decorated and communal rooms provided a comfortable space for residents to spend their time. Some areas of the premises required further improvement to ensure it was well-ventilated and safe for residents as discussed under Regulation 17: Premises.</p>

Residents were provided with regular access to general practitioner (GP) services. A review of residents' care plans found that residents also had access to social and health care services, either privately or through referral to community services including dietitian, speech and language therapy, psychology, physiotherapy and tissue viability nurse.

There were improved findings in relation to infection prevention control on this inspection. The provider had arrangements to facilitate good standard precautions to reduce the spread of infection. Alcohol gel dispensers were available at the point of care for staff to clean their hands between the care of each resident. A new clinical hand wash sink had been installed on the corridor to facilitate good hand hygiene. A sufficient number of trained staff members were allocated to facilitate effective cleaning and decontamination procedures. The centre's cleaning schedule indicated that both regular cleaning and thorough deep cleaning procedures were implemented more consistently.

Regulation 17: Premises

The premises provided a pleasant environment for residents, however, the inspector found that some areas of the premises required further action by the provider to conform with Schedule 6 requirements.

For example:

- Ventilation was not fully effective and required review. The inspector identified a strong odour of cigarette smoke when entering into dining room and at various times throughout the day on the corridor beside the dining room, despite an extractor fan being in operation in the smoking room.
- Not all external areas were appropriately maintained to ensure residents' safety. For example, unsteady brickwork was observed on one of the external walls in the garden area and an uneven area of patio was located in this area also. The inspector was informed by the person in charge that this area was not currently being used by residents however, there was no signage in place to cordon off the area or indicate the risk to residents.

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider had ensured that infection prevention and control procedures, consistent with the standards published by the Authority and appropriate national authorities in relation to infection prevention and control and outbreak management, were in place and implemented by staff.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector followed up on the previous compliance plan. Notwithstanding the action taken by the provide to address the findings of the previous inspection further improvements were required to ensure the provider had taken all precautions to address the risk of fire.

- Various maintenance items such as maintenance tools, glue, paint, store ladders, boxes and electric gardening tools were being stored in two high risk areas, a boiler room and electrical room. This was addressed by the provider on the day of the inspection and items were removed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to GP services and GPs attended the centre on a regular basis. Residents had access to allied health professionals such as speech and language, dietician, chiropody, specialist services and community palliative care.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. All staff had completed online safeguarding training and in person training took place once a year. The registered provider was a pension-agent for one resident and there were systems in place to oversee this. Residents spoken with reported they felt safe in 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Raheny House Nursing Home OSV-0000138

Inspection ID: MON-0048310

Date of inspection: 25/09/2025

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• A new designated storage area has been established in the back garden and is scheduled for completion by the end of November.• A new complaints letter template has been introduced and will be implemented for all future complaints to support consistent and transparent documentation and follow-up.• Smoking area – Following review by a building contractor, it was confirmed that the most effective and practicable solution is the installation of an external stainless-steel chimney/flue system attached to the existing smoking room (conservatory roof structure). This system will extract smoke directly outside, discharging at a height above surrounding windows to prevent any re-entry of smoke or odour into the building. This method has been identified as the safest and most efficient way to protect dining and communal areas from residual smoke.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: <ul style="list-style-type: none">• A new complaints template has been introduced including the details of the review officer and Office of the Ombudsman. This will be implemented for all future complaints to support consistent and transparent documentation and follow-up.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Following review by a building contractor, it was confirmed that the most effective solution is to retain the existing smoking room and install an external chimney/flue system to the existing conservatory roof structure. This system will extract smoke directly outside, discharging at a height above surrounding windows to prevent any re-entry of smoke or odour into the building. This method has been identified as the safest and most efficient way to protect dining and communal areas from residual smoke. • Safety signage has been erected along the damaged wall and an external contractor has reviewed and repairs will be completed to the damaged wall by the 15th of December. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • All items removed from both areas on the day of the inspection. A new designated storage area is currently under development in the back garden, with completion expected by the end of November. 	

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	31/03/2026
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	31/03/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	30/11/2025

	suitable building services, and suitable bedding and furnishings.			
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	20/10/2025