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:	Howth Hill Lodge
Name of provider:	Brymore House Nursing Home Limited
Address of centre:	Thormanby Road, Howth, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	31 July 2025
Centre ID:	OSV-0000142
Fieldwork ID:	MON-0047771

About the designated centre

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

Howth Hill Lodge is a two storey nursing home located on an elevated site on the outskirts of Howth, Co. Dublin. The designated centre provides care and support to meet the needs of both male and female persons who are generally over 65 years of age. Howth Hill Lodge is registered for 48 beds and provides 24 hour nursing care. Both long-term (continuing care) and short-term (convalescence and respite care) are catered for. A variety of communal facilities for residents use are available and residents' bedroom accommodation consists of 48 single rooms. All bedrooms had single occupants and most bedrooms have en-suite facilities. A variety of outdoor patios and garden areas are available. The philosophy of care is to provide person centred care, promote resident choices, rights and respect them as individuals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44

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 31 July 2025	08:35hrs to 16:30hrs	Laurena Guinan	Lead

What residents told us and what inspectors observed

Residents in Howth Hill Lodge told the inspector that staff who worked there were 'wonderful', and had 'great attention to detail' when delivering care. The centre is spread over two floors, and was seen to be clean and attractively decorated. Many of the residents' bedrooms had been personalised with photographs, cushions and bedspreads, which gave the centre a homely, inviting atmosphere. There was a choice of sitting rooms where residents could spend time and receive visitors, and these were all comfortably furnished. Residents had access to an enclosed courtyard that had good pathways and seating so residents could enjoy the outdoors.

There was a large dining room divided into two sections to allow for supervision at meal times. A menu board was on display, but this was only visible to one section, and the print on it was illegible. This meant that resident's had to ask staff what the menu choices were for that day, and two residents waiting for their lunch told inspectors they would learn what the choices were when staff told them. While staff were heard to offer choice to residents, this did not support a rights-based approach to care and will be discussed later in the report. Lunchtime was seen to be a calm, relaxed affair, with residents being assisted as appropriate. Those choosing to dine in their rooms had their meals served hot, and were assisted as required. Residents were complimentary of the quality and amount of food.

The inspector observed residents engaging in both one-to-one and group activities. An activities co-ordinator was being assisted by Health Care Assistants (HCA's), and they were seen to be helpful and respectful of residents abilities and wishes. A resident who was becoming restless was given assistance to move around while enjoying music. The activities co-ordinator told inspectors that the admission of a number of new residents had resulted in a positive change in the interactions between residents, and a visitor said that their loved one responded really well to the lively atmosphere in the activities room.

Visitors were seen coming and going on the day of inspection, and told inspectors that the open door policy was very reassuring. Both visitors and residents said they would know who to approach if they had concerns, and staff in the centre had good communication with them. All but one person spoken with were aware that 10 residents had recently been admitted, with no-one reporting adverse affects on standard of care, level of staffing, or the atmosphere in the centre.

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, Howth Hill Lodge was a well run, well resourced centre which aimed to provide high quality care to the residents, however some gaps were seen in care planning arrangements which will be discussed later in the report.

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and to follow up on the transfer of 10 residents and a number of staff from a centre run by the same provider. The inspector also followed up on the actions the provider had committed to take in their compliance plan following the previous inspection in July 2024, and on the statutory notifications received since the last inspection.

The registered provider of Howth Hill Lodge is Brymore House Nursing Home Limited, and a representative from the provider is present in the centre most days Monday to Friday. The person in charge is a qualified nurse and they were supported in their role by an Assistant Director of Nursing (ADON), and a team of nurses, HCA's, activity co-ordinators, administrators, and kitchen and household staff. The centre had recently received transfer of a number of staff and residents from another centre. This had been done on a phased basis, and had been communicated to residents, staff and visitors. The inspectors spoke to five staff members, as well as with the person in charge, and they all had positive feedback about the integration of the new staff onto the current staff team. Residents also reported that staff were quick to assist, and knowledgeable of their needs. Staff had access to a suite of training, and a high level of compliance with completing mandatory training was seen in the training matrix.

There was evidence of regular management and staff meetings which showed good two way communication, and the provider had maintained a system of audits and checks to monitor the service provided. While these mostly showed that issues were identified and managed, and improvements made as needed, the care plan audits identified the same 11 care plans requiring review in both April 2025 and May 2025. The inspector saw two of these care plans still outstanding for review on the day of inspection. This will be discussed under Regulation 23: Governance and management. An annual review had been completed in consultation with residents, although a quality improvement initiative to introduce a second menu board and pictorial menus had not been implemented. The registered provider representative explained that the most suitable format was still being discussed among management and with the dietician.

A patch of mould on the ceiling of the sluice room was observed. This was to have been addressed as part of the compliance plan following inspection in July 2024. There was also reference to a sluice machine to be replaced in the minutes of management meetings in both October 2024 and May 2025. The registered provider representative explained that the centre had undergone significant refurbishment,

and these issues were being addressed as part of the process.

Regulation 15: Staffing

The registered provider had ensured an appropriate number and skill mix of staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place did not ensure the service is effectively monitored as evidenced by:

- Care plan audits identified care plans requiring review in both April and May 2025, with two still outstanding review on the day of inspection.
- Mould on the sluice room ceiling had not been addressed as required in the compliance plan following inspection in July 2024.
- A sluice machine identified as requiring replacement in October 2024 remained outstanding on the day of inspection.

A quality improvement plan based on the annual review to introduce a second menu board and pictorial menus had not been implemented.

Judgment: Substantially compliant

Quality and safety

Residents and visitors spoken with on the day of inspection were highly complimentary of the staff, with one resident saying they 'couldn't say enough good things about the staff'. Staff were seen interacting with residents in a kind, and

respectful manner.

The inspector reviewed six care plans and these were seen to be personalised to residents specific care needs. For example, a resident with significant communication needs had detailed information on how staff could interact with them, and staff spoken with were familiar with this information. Validated assessment tools were used in areas such as nutrition and pressure care and these were seen to direct resident's care. However, one resident had a different nutritional score on assessment to that in their care plan, and although the resident had been referred to a dietitian, the care plan was unclear as to the treatment to be followed. This could result in a resident receiving incorrect dietary care. All care plans except one had been developed within 48 hours of admission to the centre and two of the care plans seen had not been reviewed on a four monthly basis. This will be discussed under Regulation 5: Individual assessment and care plan.

Residents had access to a General Practitioner who visited twice weekly and as required. A resident requiring hospital transfer was seen to have been attended to promptly. Residents had access to tissue viability nurse and dietitian from an external company and residents were seen to be referred appropriately. There was evidence that their recommendations were followed through, and staff spoken with were familiar with residents wound dressing and dietary needs. There was also evidence of access to other health care professionals such as physiotherapy and chiropody.

The centre had an end-of-life policy in place, and a system to monitor the quality of end-of-life care delivered to residents and families. The inspector looked at six care plans with regard to end-of-life care and saw that advanced care plans were in place, but not always completed. Some residents had declined to discuss this with staff, and staff were actively keeping communication channels open in this regard. A completed advanced care plan was seen to be very personalised and detailed. A visitor also said they had discussed the topic at length with their relative and staff in the centre, and they had great peace of mind that their relative's wishes would be respected.

The person in charge had ensured that all medication in the centre was stored correctly, and disposed of appropriately. An external company had been engaged to conduct an audit of medication practices, and the recommendations had been implemented. Residents on modified diets had their medications administered in an appropriate form, and medications were seen to be administered within recommended time frames.

Regulation 13: End of life

The centre had an end-of-life policy in place, and the person in charge had a system to monitor the quality of end-of-life care delivered. However, advanced care plans were not consistently completed to ensure the religious and cultural needs of the

resident would be met.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

All medication was stored securely, administered appropriately, and disposed of in accordance with legislation.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Six care plans were reviewed by the inspector, and not all were completed in line with the regulations. For example;

- One had not been developed within 48 hours of admission to the centre.
- Two had not been reviewed at intervals not exceeding four months.
- The nutritional score on assessment for one resident did not correspond to the nutritional score on the care plan, and the current care measures to be followed were unclear. This meant there was a risk that the resident may not receive the correct care.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to health professionals such as GP, tissue viability nursing, and dietician. Referrals were seen to be made as appropriate, and recommendations implemented.

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	Substantially compliant
Quality and safety	
Regulation 13: End of life	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for Howth Hill Lodge OSV-0000142

Inspection ID: MON-0047771

Date of inspection: 31/07/2025

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: Any outstanding care plans have been reviewed & audited. The ceiling of the sluice room has been repaired & painted & a new sluicing machine has been ordered. Following discussions with the residents, new pictorial menu books & menu blackboard have been ordered	
Regulation 13: End of life	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: End of life: Advanced care planning is discussed with residents & their support network shortly after admission; however, some residents / families need time & space to complete this process. While we endeavor to have advanced care plans in place for all residents, this is dependent on individual circumstances. We will continue to audit & encourage the completion of advanced care plans for all.	
Regulation 5: Individual assessment	Substantially Compliant

and care plan	

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
A full audit of all care plans has been completed to ensure that all plans are reflective of the resident's current needs & any outstanding care plan reviews have been completed.
Staff have been reminded to complete all care plans within 48hrs of admission.

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 13(1)(b)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that the religious and cultural needs of the resident concerned are, in so far as is reasonably practicable, met.	Substantially Compliant	Yellow	30/09/2025
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	10/09/2025
Regulation 23(1)(h)	The registered provider shall ensure that a quality improvement plan is developed and implemented to	Substantially Compliant	Yellow	30/09/2025

	address issues highlighted by the review referred to in subparagraph (e).			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	01/09/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	01/09/2025