



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

## Issued by the Chief Inspector

Name of designated centre:	Firstcare Blainroe Lodge
Name of provider:	Firstcare Blainroe Lodge Limited
Address of centre:	Coast Road, Blainroe, Wicklow, Wicklow
Type of inspection:	Unannounced
Date of inspection:	07 January 2026
Centre ID:	OSV-0000016
Fieldwork ID:	MON-0049254

## About the designated centre

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

Firstcare Blainroe Lodge Nursing Home has four floors; a lower ground, ground, first and second floor. The centre can accommodate 72 residents. Residential accommodation is across the four floors which are accessed by a lift and stairs. Care can be provided for adults over the age of 18 years with general care needs within the low, medium, high and maximum categories. A pre-admission assessment is completed in order to determine whether or not the service can meet the potential resident's needs. Twenty-four-hour nursing care is provided. In total, there are 38 single rooms with full en-suite facilities, 25 single rooms with toilet and wash-hand basin and two additional single rooms with wash-hand basins. There are three twin rooms with toilet and wash-hand basin facilities. There were adequate communal areas and private areas for residents to receive visitors. Other areas include a kitchen, laundry, oratory, hairdressing salon, smoking room and activities room. There are several well-maintained enclosed garden areas for residents' use.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	38
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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 7 January 2026	08:15hrs to 14:50hrs	Sarah Armstrong	Lead
Wednesday 7 January 2026	08:15hrs to 14:50hrs	Sharon Boyle	Support

## What residents told us and what inspectors observed

On the day of inspection, the inspectors observed that residents were being supported to enjoy a good quality of life, whilst being cared for by a team of dedicated staff who were responsive to their needs. Inspectors spoke with residents, visitors and staff on the day of inspection and all feedback received was positive. The majority of residents living in Firstcare Blainroe Lodge were unable to communicate their experience of living in the centre. However, inspectors observed residents to be content, well presented and engaged in activities during the day that were suited to their interests and capacities.

On arrival to the centre, the inspectors completed a walkabout of the premises where they met with the staff on duty and some residents who were up and ready for the day. The residents who were up and dressed were spending time in the day spaces, watching television, eating their breakfast or doing puzzle books. Other residents who preferred to sleep later into the morning were still in their beds in line with their preference. After the walkabout, the inspectors met with the Assistant Director of Nursing (ADON) for an introductory meeting, where the purpose of the inspection was set out.

Throughout the day, residents were observed to be neatly dressed with appropriate attention given to their personal appearance. In speaking with inspectors, one resident spoke of their satisfaction with the service they received, saying "the staff are very good, they are fast to come and help me if I need them". Residents also gave positive feedback about the food in the centre, telling inspectors "the food is good, you get to pick what you want off the menu". Residents also told inspectors that if they did not like the food options available, the catering team would accommodate them with something of their choice. When asked about the availability of food and beverages outside of set meals times, residents told inspectors that "there is no problem there at all. If I'm hungry during the night I just ask the staff for something and they'll bring me whatever I want". Residents also told the inspectors that they felt safe living in the centre.

The atmosphere in the centre was calm and relaxed. Staff were present on the floor throughout the day and were available to support residents in a timely manner, when needed. The inspectors observed a number of staff and resident interactions and found that they were kind and respectful towards the residents. Staff spoken with also demonstrated a good knowledge of the residents' personalities and individual care needs during the inspection. Inspectors also observed staff responding to one resident's episode of responsive behaviours and found that this was appropriately managed by staff in line with the resident's care plan.

The inspectors spoke with two visitors during the inspection. Both visitors were happy with the care provided to their relative. One visitor told the inspectors "the

staff are excellent. It's a lovely place here, there's lots of space to move around as well, which is good".

Firstcare Blainroe Lodge consists of four floors comprising of a lower ground, ground, first and second floor. On the day of inspection, residents were accommodated on the ground, first and second floors of the centre. No residents were accommodated on the lower ground floor and the registered provider was seeking to de-register the bedrooms on that level through an application to vary their registration conditions. Rooms on the lower ground level were observed to be in use as additional storage space and staff areas. Residents' bedroom accommodation was a mix of single and twin rooms, and there was plenty of communal space available for residents to use during the day.

Inspectors found that the premises, in general, was well-maintained. However, there were some areas which required repairs and repainting. Inspectors observed some examples of damaged skirting boards, walls and doors which had been marked by equipment over time and in some cases, residents had decals on their bedroom doors which were damaged and peeling. Equipment and surfaces however, were visibly free from dust and debris and the centre was observed to be clean on the day of inspection.

Residents had access to spacious living areas. These areas were observed to contain plenty of comfortable seating and were decorated with residents' artwork. In addition, there were games, books, arts and crafts and daily newspapers freely available to residents within these communal spaces. Inspectors observed residents engaging with these activities throughout the day.

Residents' bedrooms were observed to be neat and tidy and were personalised with residents own belongings. Some residents had decorated the outside of their bedroom doors with personal items and pictures which also helped orientate them to their own bedrooms.

Inspectors observed the mealtime experience for the residents and found it to be relaxed and unhurried. There was sufficient staff available to assist and supervise residents at meal times. Residents were offered a choice of bacon and cabbage with parsley sauce, or breaded cod for their main meal. The food provided to residents was well-presented and staff were observed offering gentle encouragement with food and fluids during the meal time. Kitchen staff reported that a number of changes had been implemented in relation to catering in the centre, including an increased range of options for residents and improved communication between kitchen staff, residents and care staff, which led to a better understanding of the residents nutritional and dietary needs and preferences.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered to residents.

## Capacity and capability

This was an unannounced inspection carried out over one day by two inspectors of social services. The purpose of the inspection was to assess the details outlined in a representation submitted by the provider as part of an application to remove a restrictive condition attached to the registration, which prohibited admissions to the designated centre. This condition was imposed by the Chief Inspector of Social Services following two previous inspections carried out in June and September 2025, where repeated non-compliances were identified in relation to Regulation 15: Staffing, Regulation 16: Training and staff development, Regulation 23: Governance and management and Regulation 9: Residents' Rights. The inspectors found that significant improvements had been made to the governance and management systems, which had resulted in enhanced oversight and improved outcomes in relation to the care and safety of residents living in the centre.

The registered provider of Firstcare Blainroe Lodge is Firstcare Blainroe Lodge Limited which is part of the Emeis Ireland group. The person in charge (PIC) was on leave on the day of inspection, and the ADON was deputising in the absence of the PIC. One of the company directors and the regional director were also present in the centre on the day of the inspection. The PIC and ADON were supported in their roles by a team of clinical nurse managers (CNM), staff nurses and healthcare assistants. Activities staff, catering staff, housekeeping staff and porters make up the remainder of the staffing compliment in the centre. The person in charge reported to a Regional Director. There was a robust governance and management structure in place, with clear lines of accountability and responsibility defined.

There was evidence of improved governance and oversight of the centre. Inspectors reviewed a sample of audits and found that quality improvement plans were put in place and were implemented to address the issues identified. There was a regular management presence on the floor in the centre, which was confirmed by staff who spoke with inspectors. Staff also told inspectors that there had been a number of positive improvements since the previous inspection in September 2025. For example, staff described an increase in resources, including staffing, supplies and the equipment available. Staff also told inspectors that communication with the management team had improved.

Inspectors found that there was an appropriate number of nursing and care staff on duty to meet the assessed needs of the residents. While there were a number of staff vacancies, these were backfilled with agency staff. However, to ensure continuity of care, regular agency staff were requested to work in the centre and were familiar to the residents, which helped promote a person-centred approach, as staff knew the residents well and understood their care needs. The inspectors were told that a number of new staff were in the process of onboarding at the time of the inspection. There had been an increase in the amount of role specific training provided to staff since the last inspection, some of which included training on medication management, safeguarding, restrictive practices, and dementia care.

There were measures in place to ensure the supervision of staff training in practice. Upon employment in the centre, all new staff underwent a robust induction programme and there was evidence available to the inspectors to demonstrate that this programme was implemented by the management team.

The inspectors reviewed the centre's incident log and found that all incidents which required notification to the Chief Inspector had been notified in line with the reporting time frames set out in the regulations.

Inspectors reviewed the complaints policy and the complaints register for the centre, along with a sample of complaints. Inspectors found that complaints were managed in line with the policy. Information on the complaints process was displayed in prominent locations within the centre. Residents and visitors who spoke with inspectors demonstrated an understanding of the complaints process and told inspectors that they felt comfortable to raise concerns about their care experience should they have any.

### Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff working in the centre was appropriate to the needs of the residents and the layout of the centre. Additional supports and processes were put in place to ensure improved oversight and management of staffing levels. There was an active recruitment campaign with a number of new staff in the process of onboarding.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Since the last inspection improvements were made to enhance the supervision and oversight of staff in the centre. A training plan was put in place to ensure all staff received training suitable to their role and the needs of residents.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability for all areas of care provision. Oversight systems were enhanced to ensure residents were receiving the care required. Management

systems were in place to ensure that the service provided to residents was safe, appropriate, and consistent. Audits and trending of findings which included sharing the findings with staff were put in place to ensure the service was effectively monitored.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that all incidents requiring notification to the Chief Inspector were submitted in line with the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had in place a procedure for dealing with complaints. The procedure was displayed in a prominent position in the centre and residents and visitors were aware of the procedure. A sample of complaints were reviewed by the inspectors and these had been managed in line with the centre's policy.

Judgment: Compliant

## Quality and safety

Residents' rights were promoted by a dedicated staff team, who worked to ensure residents had a good quality of life while living in Firstcare Blainroe Lodge. Residents' had good, timely access to healthcare professionals including a medical practitioner and physiotherapist. There was evidence that appropriate referrals were made to healthcare professionals and that residents were reviewed accordingly by those professionals, when required. From a review of residents' records, inspectors found that recommendations made by medical and health care professionals were accurately incorporated into the residents' care plans to inform safe, quality care.

The inspectors reviewed a sample of six care plans, including responsive behaviours, mobility and falls, psychosocial and wellbeing and restrictive practice care plans. Residents were seen to have been assessed using validated assessment tools, and care plans were developed from these assessments within 48 hours of admission. The care plans were person-centred and included sufficient detail to direct staff in

caring for the resident. Care plans reviewed had all been updated within the last four months, as is required by the regulations, and there was evidence that residents and their families, where appropriate, were involved in the care planning process. Staff spoken with were knowledgeable about the residents' care needs.

Significant improvements were noted in respect of residents rights, particularly, in the activities available to residents. The activities schedule in the centre had been reviewed, and additional activities had been scheduled daily for the evening time, between 5.30pm and 7pm. On the day of inspection residents in each unit had access to a range of activities that were suited to their individual needs and preferences. For example, residents had access to partake in exercise and music, bingo, puzzles and a social tea event. Other sensory activities were available also, including nail care, and a textured items/massage session. Feedback from residents about the activities was positive. Inspectors also reviewed minutes of a recent resident forum meeting where the activities available were discussed. These records showed that residents were consulted with about the schedule of activities available and that they were satisfied with the activities and social care provided in the designated centre.

#### Regulation 5: Individual assessment and care plan

Residents' health and social care needs were assessed on their admission to the centre and assessments informed the development of personalised care plans for residents. Care plans had been established within 48 hours of admission and were reviewed at intervals not exceeding four months. There was evidence that care plans were developed in consultation with residents and their families, where appropriate.

Judgment: Compliant

#### Regulation 9: Residents' rights

There were suitable facilities for occupation and recreation. The registered provider had ensured that residents had opportunities to participate in activities which were in accordance with their interests and capacities. Residents also had access to radio, television and internet and were supported to access independent advocacy services as required.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant