



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

Issued by the Chief Inspector

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| Name of designated centre: | Firstcare Earlsbrook House |
| Name of provider: | Firstcare Earlsbrook House Limited |
| Address of centre: | 41 Meath Road, Bray, Wicklow |
| Type of inspection: | Unannounced |
| Date of inspection: | 17 February 2026 |
| Centre ID: | OSV-0000033 |
| Fieldwork ID: | MON-0049517 |

About the designated centre

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

The centre is registered to accommodate 63 residents and provides care and support for both female and male residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies, low, medium high and maximum and provides 24 hour nursing care. Accommodation consists of 23 single bedrooms on the ground floor, of which 7 have an ensuite. 6 full ensuite and 1 partial. There is also one twin bedroom with a full ensuite room on the ground floor. On the first floor (FF), there are 23 single rooms plus 1 single room on the mezzanine floor (24 in total in the upper floor), 5 are single ensuite of which 3 are full ensuite and 2 partial. Also, there are 7 twin rooms on the first floor. Additional toilets and showers are located around the building. Two passenger lifts provide access to the first floor. Other accommodation included four homestead areas incorporating a kitchenette, dining space along with a day room area. There was also a relaxation room, treatment room and a hairdressing salon. A family room was also provided along with a suitably sized kitchen. Laundry facilities were located within the premises. Some office space was also provided. According to their statement of purpose, the centre aims to provide person centred care in accordance with evidence based practice. They aim to ensure that all residents live in an environment that is comfortable, safe and clean, with the greatest dignity, support and respect possible, awarded to them by a team of appropriately qualified and trained staff.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 35 |
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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 |
|-----------------------------|-------------------------|-----------------|------|
| Tuesday 17 February 2026 | 08:25hrs to 16:40hrs | Sarah Armstrong | Lead |

What residents told us and what inspectors observed

Upon arrival to the designated centre, the inspector met with the Assistant Director of Nursing (ADON) who was deputising for the person in charge (PIC). Following a brief introductory meeting, the inspector completed a walk around the premises, accompanied by the deputy PIC. During the walk around, the inspector observed a number of positive improvements to the centre, following the previous inspection, particularly in respect of Regulation 17: Premises and Regulation 28: Fire precautions, which will be discussed later in the report. In addition, the inspector also had the opportunity to meet with residents and staff during the walk around. Some residents were up and dressed, going about their day, whilst others preferred to rest later into the morning, a choice staff were respecting.

This was an unannounced inspection completed over the course of one day by an inspector of social services. The purpose of the inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). During this inspection, the inspector followed up on the compliance plan from the previous inspection conducted in July 2025, and found that the provider had completed all actions committed to as part of the compliance plan. The inspector also followed up on an item of unsolicited information and statutory notifications submitted to the Chief Inspector since the last inspection.

The atmosphere in the centre on the day of inspection was calm and relaxed. Call bells were observed to be responded to promptly by staff. Residents requests were quickly met by obliging staff, for example, the inspector observed a resident in the sitting room asking for a chocolate bar during the morning, and staff actioned this request without delay. Staff also responded quickly when residents asked to use the bathroom or were seeking light refreshments outside of meal times.

The inspector spoke with five residents on the day of inspection. Feedback from residents was all positive. Resident spoke most highly of the staff that cared for them and the general way of life in the centre. One resident told the inspector "I'm getting on grand, I'm very happy here", with another saying "the staff are really great, I can ask them anything and they don't mind, nothing is too much trouble". When asked if they felt safe living in the centre, residents all told the inspector they did. Residents also demonstrated a knowledge of who they could speak to if they had a worry or concern. One resident told the inspector "oh I would definitely feel I could talk to someone if there was anything not right, I wouldn't be afraid to say". Residents were happy with their bedroom accommodation and their rooms were nicely decorated with photographs, artwork and belongings from home. One resident told the inspector "I like my room, its nice and quiet here", whilst another said "I'm very happy – I'm nice and warm".

Residents also provided good feedback on the food in the centre, including the quality, but also the timing and availability of food. One resident told the inspector that the meal times do not suit them as they would prefer to eat later than the set meal times. This resident complimented how the staff meet this request by providing meals at their preferred times each day, and added that the quality of the food provided was "very good", despite being served later in the day, outside of the normal meal time.

The inspector observed the mealtime experience for residents on both floors of the centre and found this to be a positive and social occasion for residents. The lunch menu was displayed on the walls for residents to make their choice of what to eat. The menu on the day of inspection included lentil soup, with a choice of roast turkey or a savory beef and onion pie. For dessert, residents could have pudding with custard or jelly and ice cream. During their meal, residents were seated at set tables, with music gently playing in the background. There was a sufficient number of staff available to assist at meal times. Where residents required assistance from staff to eat their meals, this was provided in a respectful and discreet manner.

Residents had access to a range of different activities. During the morning of inspection, a musician attended the centre to sing and play guitar for the residents, telling jokes and anecdotes in between. This musician attended the centre regularly and knew the residents, and was encouraging them to join in and sing along by referring to them by name. This inspection was carried out on pancake Tuesday. To mark the occasion, residents had the choice of going on an outing to a nearby restaurant for a pancake event in the community. Residents were also looking forward to a quiz run by the activities coordinator in the afternoon. In addition to these scheduled activities, residents were observed to be engaging in other meaningful activities such as reading books, painting and colouring throughout the day. The activities schedule for the week was displayed throughout the centre to inform residents of the different activities and events being organised. One resident told the inspector they were looking forward to enjoying the upcoming celebrations for the Chinese new year.

The inspector also spoke with a number of staff during the inspection. Staff spoken with were knowledgeable of the residents and their individual needs, and were able to clearly and accurately communicate to the inspector how to deliver care which was aligned to resident's individual care plans, for example, how and when a resident needed to be repositioned throughout the day or how and when to deliver specific medications. Staff also told the inspector that they enjoyed working in Firstcare Earlsbrook House, and that they felt supported in their roles by their peers and by the management team. Staff also referenced the different trainings available to them and how this training helped them develop in their roles.

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

There was a robust governance and management structure in place in the centre, with clear lines of accountability and responsibility defined. The management systems, to ensure that the service provided to residents was safe, appropriate and consistent, were effective. The registered provider had completed all actions committed to in their compliance plan following the last inspection carried out in July 2025. As a result, there had been a number of positive improvements to the premises and facilities for residents, and appropriate measures had been taken by the management team to improve the fire safety measures in the centre.

The registered provider of Firstcare Earlsbrook House is Firstcare Earlsbrook House Limited which is part of the Emeis Ireland group. At the time of the inspection, the Person in Charge (PIC) was absent, and the Assistant Director of Nursing (ADON) was deputising for the duration of the PIC's absence. The regional director was 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 and maintenance staff made up the remainder of the staffing compliment in the centre. The person in charge reported to a regional director, and the inspector was informed that the regional director attended the centre in person each week, sometimes twice.

There was a regular management presence on the floor throughout the day of inspection, and the inspector saw documentary evidence of daily management walkabouts taking place. The management walkabouts were carried out to monitor the general environment, the lived experience for residents in the centre, and observations of staff practice. Where required, quality improvement plans were developed based on findings and there was evidence that these improvement plans were implemented in practice to improve the service provided to residents.

On the day of inspection, the inspector found that there were sufficient staff on duty to ensure that residents' needs were being met in a timely manner. Staff were observed to be responsive to residents' requests, and call bells were responded to promptly. Feedback from residents about the staff working in the centre was all positive. There were two staff vacancies at the time of inspection, however, new staff were in the process of being recruited into these posts. In the meantime, these vacancies were being backfilled by existing staff in the centre, to ensure consistency to the care being provided to residents.

Staff were effectively supervised and supported with access to mandatory training and refresher training, as required, for example, manual handling refresher training. Staff spoken with told the inspector that they were happy working in the centre and felt supported in their roles by the management team. There was a robust induction

programme in place for new staff in the centre. Staff were aware of, and had access to the regulations and the Health Act 2007.

Regulation 15: Staffing

The inspector found that there was a good number and skill mix of staff on duty on the day of inspection. Staffing levels in the centre took into consideration the needs of the residents and the layout of the centre. There was a registered nurse on duty in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training suitable to their roles. Appropriate arrangements were in place to ensure that staff working in the centre were appropriately supervised.

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. Management systems were in place to ensure that the service provided to residents was safe, appropriate, and consistent.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents living in Firstcare Earlsbrook House were supported to enjoy a good quality of life, where their interests, personalities and wishes were respected and promoted by dedicated staff. Feedback from residents about the service they received was all positive.

Residents had good access to services provided by medical and health and social care professionals. The centre had links with local General practitioners (GP) in the area and residents were also supported to retain their own family GPs if they so wished. There were also arrangements in place for out of hours GP services. Residents were supported by timely access to other allied health professionals, including a physiotherapist who attended on site every two weeks, or more often as required, speech and language therapists and dietitians. Residents also had access to tissue viability nurses and occupational therapists when required. The inspector reviewed a sample of residents care records and found that referrals were made in a timely manner. Where a review by a medical or allied healthcare professional had taken place, the recommendations made by that professional had been incorporated into the resident's care plan, and there was evidence that the resident received care in line with those recommendations.

The inspector found that there were appropriate measures in place to ensure residents were safeguarded from abuse. A review of the staff training matrix showed that all staff had completed safeguarding training. Staff who spoke to the inspector said this training enabled them to identify, prevent and respond to abuse. Where an allegation of abuse had been made, a comprehensive investigation into the incident had been carried out by the person in charge. These investigations identified key learnings and there was evidence that these learnings had been implemented into practice.

The inspector found that overall, the premises was well designed and laid out to meet the needs of residents living in Firstcare Earlsbrook House. The registered provider had addressed all issues with regards to the premises as found on the previous inspection. Furthermore, the registered provider had, prior to this inspection, submitted an application to vary their conditions of registration to change the function of some areas of the designated centre. The purpose of this application was to remove bedroom accommodation from the Oaklands unit, and reduce the number of registered beds in the centre from 63 to 51 beds. The bedroom accommodation in Oaklands unit was unsuitable for residents as it would be difficult to evacuate in the event of a fire emergency due to long narrow corridors. Oaklands unit had not been used to accommodate residents for a long period of time. The inspector observed that the registered provider had made progress with the re purposing of the rooms in Oaklands unit, by converting them into office spaces, staff areas and additional storage spaces.

The registered provider had taken necessary measures to improve fire safety in the centre. All findings of the previous inspection had been addressed in full by the provider, in line with their compliance plan commitments. These measures included, but were not limited to, the installation of new fire doors and enhanced training for staff on the use of equipment to be used for evacuation purposes. Staff who spoke with the inspector were knowledgeable and confident in the use of this equipment and could explain the process clearly to the inspector. The registered provider had also organised for a comprehensive survey of all fire doors to be carried out and for repairs to be carried out on fire doors as required. There was also a system in place for ongoing audits of fire doors in the centre to ensure their continued effectiveness.

The inspector observed that medication management practices in the centre were appropriate and safe. A register of controlled drugs was maintained in the centre. This was checked and signed by two staff nurses, twice daily. The inspector reviewed a sample of the controlled drugs in the safe against the register and found that they reconciled. Where medication errors had occurred in the centre, the inspector found that investigations into the incidents were thorough and complete, with learnings identified and implemented into practice by staff. There was a system in place for the return of unwanted or expired medication to the pharmacy.

Regulation 17: Premises

The centre was well designed and laid out to meet the needs of residents. The inspector found that the premises complied with the requirements of Schedule 6 of the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had addressed all findings of the previous inspection pertaining to fire safety.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management practices described to the inspector were found to be safe. There was a process in place for monitoring and recording temperatures of both the treatment room and medication fridge to ensure medications were stored in line with their required storage conditions, and controlled drugs were being stored and managed appropriately.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a medical practitioner of their choosing or who was acceptable to them. Residents also had good access to other health and social care

professionals including physiotherapist, tissue viability nurse, speech and language therapist and dietitian.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. All staff had up to date training in safeguarding vulnerable adults. Where an allegation of abuse had been made, the person in charge had carried out an investigation. Outcomes and learnings of investigations were communicated to staff and implemented into practice to help mitigate future risks.

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 |
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| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |

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