



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

Issued by the Chief Inspector

Name of designated centre:	Cuan Chaitriona Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	The Lawn, Castlebar, Mayo
Type of inspection:	Unannounced
Date of inspection:	27 February 2026
Centre ID:	OSV-0000334
Fieldwork ID:	MON-0047341

About the designated centre

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

The designated centre is registered to accommodate up to 58 residents, male and female, over 18 years of age who require respite, convalescence, short and long-term care. The centre provides care for needs ranging from low to maximum dependency levels, including general care of the older person, care of persons with physical disability, acquired brain injury, palliative and dementia care. Accommodation consists of 52 single and four twin-occupancy bedrooms, each with its own en-suite facility. There are a variety of communal facilities available, including three large day room areas, two dining rooms, an oratory and an activity room. In addition, there are three internal courtyards that are easily accessible from various points in the building. The stated aim of the centre is to provide a residential setting in which residents are cared for, supported, and valued within a care environment that promotes their health and wellbeing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	52
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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
Friday 27 February 2026	08:00hrs to 15:00hrs	Catherine Connolly-Gargan	Lead

What residents told us and what inspectors observed

Overall, residents unanimously expressed their high satisfaction with the service they received and the quality of their lives in Cuan Chaitriona Nursing Home. There was a relaxed and comfortable atmosphere, and residents were independently or being encouraged and supported by staff to make personal choices about their daily routines and their care needs. Staff were familiar with each residents' needs and respected each resident's preferences. Residents' comments to the inspector regarding the staff caring for them included, 'they are the best in the world', 'staff know me well here', '100% kind', 'I would not be as well as I am without them'.

On arrival at 9am, the inspector was met by the person in charge, and completed a walk around the centre. The inspector observed that while some residents were still asleep in bed, others were sitting in a chair by their beds, eating their breakfast in their bedrooms, or were eating their breakfast in the dining room. The staff were observed to be attentive to residents' needs and were kind, patient and person-centred in their interactions with residents as they assisted and cared for them. Residents told the inspector that they decided what time they went to bed each evening, what time they got up in the morning, and how they spend their day, and their preferences were always respected by staff.

Cuan Chaitriona Nursing Home is located on an elevated site on the edge of Castlebar town in County Mayo. Residents' accommodation is provided on the ground floor level throughout, in mostly single-occupancy bedrooms and a small number of twin-occupancy bedrooms. All the bedrooms met residents' needs with the exception of one twin-occupancy bedroom, where the layout and the circulation space available did not meet residents' needs, and impacted on their privacy and dignity during transfer and personal care procedures. This finding is discussed further in the quality and safety section of this report.

The inspector observed that many of the residents had personalised their bedrooms with their family photographs and other personal belongings. Some residents were also supported to bring small items of furniture from their homes in the community, and one resident said that having her own familiar possessions in her bedroom helped her to settle into living in the nursing home.

Items of domestic and antique furniture, and colourful wall paintings and artwork by residents displayed on the walls added to making the environment familiar, comfortable and homely for the residents. There is a range of residents' communal sitting rooms available throughout the building. These rooms are spacious and welcoming and provided residents with areas where they could meet together, relax in a quieter area or meet their visitors in private as they wished. One of the communal rooms, called 'Harbour Cottage' was furnished and decorated to replicate

a traditional cottage living room, and this was a favourite room for residents to meet their visitors or to spend time in reminiscing.

Residents' feedback to the inspector regarding their experience of living in the centre and the meals they received was positive, and residents described the food they received as consistently good. The inspector observed the residents' lunchtime meal, and residents were offered a choice of a hot meal, as they wished. Second helpings were offered, and alternatives to the menu were available. There was sufficient staff in the dining rooms during mealtimes, and they were observed encouraging and assisting residents as needed.

A varied social activities schedule were available, and the social activities was tailored to suit the capacities and interests of all residents. Different social activities were facilitated in a number of the communal rooms, and this arrangement suited residents varied capacities and afforded residents choice regarding the activities they wished to participate in. The inspector observed that a small number of residents who wished to remain in their bedrooms were supported with opportunities to participate in meaningful activities on a one-to-one basis. The inspector observed that residents were enjoying participating in the social activities taking place, and one resident said they 'look forward to the social activities every day'. Specially adapted tables were provided to enable residents using high support wheelchairs to sit closely into a table top surface during mealtimes and to participate in social activities where the resident needed a work surface.

The inspector observed a number of residents reading the newspapers. Some residents and staff were members of the nursing home choir and told the inspector how much they enjoyed the weekly practices and monthly recitals.

Overall, the general environment, including residents' bedrooms, communal areas and furnishings, appeared visibly clean and were well maintained. The enclosed external courtyards were accessible to residents, as they wished, from a number of doors along the corridors. All outside areas were well-maintained and provided safe outdoor spaces for residents to spend time in, as they wished.

Residents told the inspector that they felt safe in the centre, and that they would always speak to a staff member or their relatives if they had any concerns or were dissatisfied with any aspect of the service they received.

The next two sections of the report will 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.

Capacity and capability

Overall, this unannounced inspection found that the designated centre was well-managed, and that the residents were kept central to the service provided. This was an unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the providers' progress with completing the actions they had committed to in their compliance plan from the last inspections in January and April 2025, and found that all actions were completed, with the exception of actions to ensure one twin-occupancy bedroom met residents' needs and rights. This inspector also followed up the statutory notifications and other information received since the last inspections. The inspector's findings are discussed further under the relevant regulations in this report.

The centre's management and staff were working to ensure that residents received a consistently high standard of care and support in line with their needs and preferences. The provider had completed significant fire safety works since the last inspections in January and April 2025 to ensure resident's fire safety, and safe evacuation in the event of a fire in the centre. Additionally, works were effectively completed to reconfigure a number of twin-occupancy bedrooms that effectively addressed the layout in all but one twin-occupancy bedroom, numbered 58, which continued to negatively impact on the needs and rights of the residents living in this bedroom.

Newbrook Nursing Home Unlimited Company is the registered provider of Cuan Chaitriona Nursing Home, and a director on the provider company board was assigned to represent the provider in the operation of the nursing home. The management structure was clearly defined, with identification of all lines of authority and accountability, specified roles, and detailed responsibilities for all areas of care provision. The local management team consisted of a person in charge and an assistant director of nursing, and was supported regionally by an operations manager who also had oversight responsibility for a number of other designated centres operated by the provider. The person in charge was also supported by a team of nursing staff, health care assistants, housekeeping and catering staff, activity staff, an administration team and maintenance personnel.

There was evidence of regular governance and management meetings attended by the provider representative and the operations manager. The records of these meetings evidenced that quality improvement plans were being developed and implemented to address any deficits identified in the service. However, the layout of one twin-occupancy bedroom had not been effectively addressed at the time of this inspection.

There were adequate numbers of staff on duty to meet the residents' needs, and to support them to spend their day as they wished. Staff worked well together for the benefit of residents, and demonstrated accountability for their work. Staff were responsive to residents' needs for assistance and support.

The person in charge had a comprehensive system in place to manage staff training needs and training attended in line with the provider's policies and procedures. All staff were facilitated to attend mandatory and a variety of professional development training to ensure they had up-to-date skills and competencies to meet residents' needs.

The provider had arrangements for recording accidents and incidents involving residents in the centre and for appropriately notifying the office of the Chief Inspector of Social services as required by the regulations. The inspector found that all notifiable incidents that had occurred in the centre had been reported in writing to the Chief Inspector's office, within the timelines required by the regulations.

Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills available to meet the residents' needs, taking into account the residents' individual needs, and the layout of the designated centre. The person in charge assessed and closely monitored staffing numbers and skills needed to ensure each resident's needs were responded to by staff without delay.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to and had completed training appropriate to their role. There was an ongoing schedule of training in place and training records maintained to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. All members of staff were appropriately supervised and supported to perform their respective roles to the required standards.

Judgment: Compliant

Regulation 23: Governance and management

Although the provider had systems in place to monitor the quality and safety of the service, improved oversight by the provider was necessary, as evidenced by the following finding;

- Oversight of the premises did not ensure that the private accommodation for residents accommodated in one of the twin-occupancy bedrooms met residents' needs and ensured their privacy and dignity were respected.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required, and within the time frames as specified by the regulations. All additional requested information was provided by the person in charge in a complete and timely manner.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as set out under Schedule 5 of the regulations were up-to-date and were implemented on this inspection.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents were provided with high standards of nursing and health care. With the exception of the negative impact on residents' privacy and dignity rights as a result of the layout of one twin occupancy bedroom, residents' rights were respected, and they were provided with opportunities to participate in meaningful social activities that were tailored to meet their interests and individual capacities.

The provider had measures in place to ensure residents' safety from risk of the fire, and their safe evacuation in the event of a fire in the centre. Arrangements were in place for the completion of regular fire safety checking procedures and servicing of fire safety equipment to ensure residents' safety. All staff were facilitated to attend up-to-date fire training and to participate in emergency evacuation drills.

Residents' bedrooms and communal living areas were maintained to a good standard, and with the exception of the twin-occupancy bedroom numbered 58, met

residents' needs. The layout and design of one twin-occupancy bedroom numbered 58, impacted on the circulation space available to each resident. As a result, residents' needs, safe access, and rights to privacy and dignity could not be adequately met in this bedroom. This is a repeated finding from previous inspections and is discussed further under Regulation 9: Residents' Rights, Regulation 12: Personal Possessions and Regulation 17: Premises.

Residents' nursing care and support needs were comprehensively assessed, and person-centred care plans were developed to guide staff with high standards of evidence-based care in line with residents' individual preferences. Residents' care plans were regularly reviewed in consultation with them and/or their representatives.

Residents were provided with a variety of opportunities to participate in a meaningful social activities programme to meet their needs as they wished. Residents who remained in their bedrooms had equal access to social activities that interested them and were provided in line with their individual capacities. This ensured positive outcomes for residents' quality of life and wellbeing in the centre.

Measures were in place to ensure residents received their medications as prescribed, and that medicines were administered in line with professional guidelines and legislation.

Residents' nutrition and hydration needs were met. Arrangements were in place to ensure residents with an assessed risk of dehydration or malnutrition were closely monitored and appropriately referred for additional health care expertise.

Residents were supported to practice their religion, and clergy from the different faiths were available as residents wished. Residents were provided with opportunities to be involved in the running of the centre, and their views and suggestions were valued. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services as they wished.

Measures were in place to safeguard residents from abuse, and residents confirmed that they felt safe and secure in the centre. Staff had completed up-to-date training in prevention, detection and response to abuse. Staff who spoke with the inspector were knowledgeable regarding the reporting arrangements in the centre and their responsibility to report any concerns they may have regarding residents' safety.

Regulation 12: Personal possessions

Although wardrobes were provided for all residents, one resident in one twin-occupancy bedroom could not maintain control of their clothes and personal belongings in their wardrobe, as it was located in the bed space of the other resident, and therefore could be accessed by others without the resident's knowledge and consent.

Judgment: Substantially compliant

Regulation 17: Premises

The provider had not ensured that the layout of one of the twin-occupancy bedrooms numbered 58 conformed to the matters set out in Schedule 6 of the regulations and met the needs of both residents in accordance with the centre's statement of purpose. This is a repeated finding from previous inspections, and was evidenced by the following findings;

- The circulation space available around each resident's bed in this bedroom was limited and negatively impacted on their safe access. This meant that these residents' bed spaces were not laid out in a way that facilitated residents to safely manoeuvre around their beds and to rest in a comfortable chair by their bedside, without obstructing their access to their bedside lockers.
- The limited circulation space available in one resident's bed space did not give assurances that this residents' privacy and dignity would be respected during personal care and transfer procedures.
- The window blinds on the front windows in the sitting room, known as the 'green' sitting room, were damaged and in need of repair or replacement.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutrition and hydration needs were met on this inspection. Procedures were in place to closely monitor residents with unintentional weight loss or gain and residents with an assessed risk of dehydration. Residents were provided with a varied diet and choice of hot meal options, and could have alternatives to the menu options offered if they wished. Residents' special dietary requirements were effectively communicated to catering staff, and these residents' meals were prepared in accordance with their individual preferences, assessed needs and the recommendations of the dietician and speech and language therapists. Fresh drinking water, flavoured drinks, milk, snacks and other refreshments were available and offered to residents at mealtimes and throughout the day.

Mealtimes were facilitated in the dining room and in a spacious sitting/dining room. This sitting/dining room also contained a small kitchenette area. Some residents preferred to eat their meals in their bedrooms, and their preferences were facilitated. There were sufficient staff available to provide timely assistance to residents, including residents who preferred to eat in their bedrooms at mealtimes. Residents were provided with discreet assistance by staff, as needed.

Judgment: Compliant

Regulation 28: Fire precautions

Measures were in place to ensure residents' safety, protecting them from the risk of fire and ensuring their evacuation needs would be met in the event of a fire in the centre. Fire safety management equipment and checking procedures were in place to ensure all fire safety equipment was operational and effective at all times. Daily checks were completed to ensure the fire exits were clear of any obstruction that may potentially hinder effective and safe emergency evacuation, and that the fire alarm system was operational at all times.

Each resident's evacuation needs were regularly assessed, and the provider assured themselves that residents' evacuation needs would be met with the completion of regular, effective emergency evacuation drills.

All staff had completed annual fire safety training specific to the layout of the centre, and were provided with opportunities to participate in the regular emergency evacuation drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management procedures and practices that were in line with professional guidance and standards. Residents' medicine prescriptions were signed by their general practitioners (GPs), and residents' medicines were administered by nursing staff as prescribed.

Medicines controlled by misuse of drugs legislation were stored securely, and balances were checked at the beginning of each staff changeover by nursing staff. Balances of a sample of controlled medicines checked by the inspector on the day were correct. Medicines requiring temperature-controlled storage were stored in a refrigerator, and the temperature of this refrigerator was checked daily.

All multi-dose medicines were dated on opening to ensure recommended use periods were not exceeded. Procedures were in place for recording and return of unused or out-of-date medicines to the dispensing pharmacy.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to their general practitioners (GPs), health and social care professionals and specialist medical and nursing services. These services included psychiatry of older age, community palliative care and tissue viability specialists as necessary. The provider had ensured that where there were any delay with residents accessing community health specialist services, arrangements were in place for residents for alternative access to these services.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had not ensured that residents' rights to carry out personal activities in private were upheld as follows;

- One residents' rights to privacy and dignity could not be assured during transfer or personal care procedures in one twin-occupancy bedroom, due to the limited circulation space available around their bed, and between their bed and the privacy curtains.

This is a repeated finding from previous inspections.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

A positive and supportive approach was taken by staff in their care of a small number of residents who intermittently experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were attentive to residents' individual symptom cues and needs for support. All staff were facilitated to attend appropriate training to ensure they had up-to-date knowledge and skills to care for residents who experienced responsive behaviours.

The person in charge and staff in the centre demonstrated their commitment to the use of minimal restraints in the centre, and their practices reflected the national restraint policy guidelines. No bed rail equipment was used in the past 12 months, and there was evidence that the least restrictive alternatives were consistently tried, and any potentially restrictive equipment or procedures used were appropriately risk

assessed and used in consultation with individual residents and/or their representatives.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' needs were comprehensively assessed within 48 hours of their admission and regularly thereafter. Staff used a variety of accredited assessment tools to assess each resident's needs, including assessment of risk of falling, malnutrition, pressure-related skin damage and mobility, among others. These assessments were used to inform residents' care plans. Residents' care plans clearly detailed each resident's individual care needs to guide staff on the care interventions they must complete to meet each resident's needs. This information was person-centred and reflected each resident's individual care preferences and their usual routines.

There was one resident who was admitted to the centre with a pressure-related skin wound on the day of this inspection, and their wound care plan and monitoring of their wound healing procedures reflected evidence-based wound care management.

Residents' care plans were regularly updated in consultation with them and/or their representatives, as appropriate.

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
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 5: Individual assessment and care plan	Compliant

Compliance Plan for Cuan Chaitriona Nursing Home OSV-0000334

Inspection ID: MON-0047341

Date of inspection: 27/02/2026

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Twin bedroom 58 has been reconfigured as a single bedroom. An application to vary the registration of the Centre has been submitted to the Chief Inspector. This application is to register bedroom 58 as a single bedroom.</p> <p>There is currently one resident in bedroom 58 and two residents will not be admitted to this room.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Twin bedroom 58 has been reconfigured as a single bedroom. This removes the issue with wardrobe access.</p>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Twin bedroom 58 has been reconfigured as a single bedroom. This removes the issue with circulation space around the beds.</p> <p>Window blinds in the Green Room have been replaced where damaged.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Twin bedroom 58 has been reconfigured as a single bedroom. This removes the issue with circulation space around the beds.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	07/05/2026
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	07/05/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	07/05/2026

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	07/05/2026