



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

## Issued by the Chief Inspector

Name of designated centre:	Glenaulin Nursing Home
Name of provider:	Glenaulin Residential Care Limited
Address of centre:	Lucan Road, Chapelizod, Dublin 20
Type of inspection:	Unannounced
Date of inspection:	03 December 2025
Centre ID:	OSV-0000041
Fieldwork ID:	MON-0044949

## About the designated centre

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

Home provides care and services for people over the age of 18 years with varying conditions, abilities and disabilities who require long-term care, respite and convalescent care. This includes individuals who are living with dementia and cognitive impairment, individuals with physical, neurological and sensory impairments, individuals with mental health needs and individuals who need end-of-life care. The designated centre is based in a period residence built in 1903. The centre can accommodate up to 84 residents with 38 single rooms, 16 twin rooms and four multi-occupancy rooms. Communal areas consist of spacious dining and lounge areas, a visitors' room, a relaxation room, a sun room and an oratory. The house is surrounded by landscaped gardens which overlook the River Liffey.

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

Number of residents on the date of inspection:	82
--	----

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 3 December 2025	14:30hrs to 18:40hrs	Mary Veale	Lead
Thursday 4 December 2025	08:10hrs to 15:10hrs	Mary Veale	Lead

## What residents told us and what inspectors observed

The overall feedback from residents who spoke with the inspector was that they were very happy and liked living in Glenaulin Nursing Home. Residents were highly complimentary of the centre, the staff, the quality of the food and activities provided. During the two days, the inspector met with many of the 82 residents living in the centre and spoke to ten residents in more detail. The inspector spent time observing daily life in the centre to gain an insight into the lived experience of residents in Glenaulin Nursing Home. Residents praised the staff and management team and one resident stated that "the staff were lovely", with another resident saying that "they couldn't find fault in the place or anyone working there".

Glenaulin Nursing Home is located in Chapelizod, close to Dublin city and is situated on large landscaped grounds on the banks of the river Liffey. The centre is located within walking distance of the local shops and amenities. There were 82 residents living in the centre at the time of inspection.

The design and layout of the premises met the individual and communal needs of the residents'. The centre was originally a period house that had been extended. The period house contained the original period features such as wall papered ceiling and walls, ornate doors and coving, original fire places and stair case. The centre is a three storey building. The building was well lit, warm and adequately ventilated throughout. Residents have access to four day rooms, a dining room, a small sitting room, a visitors room, and an oratory. The centre was homely and clean. The centre was decorated with festive Christmas decorations. The inspector observed that fire safety works were underway, many doors had been replaced and compartments works had been completed.

The ground floor is referred to as the Liffey wing and there are ten single and five twin bedrooms in this area, all of which are en-suite with shower, toilet and wash hand basin. Bedrooms were seen to be personalised and some residents had brought furniture in from their home, which contributed to a homely feel. The lower ground floor is called the Healy Wing and comprises eleven single and two twin bedrooms, all of which are en-suite with shower, toilet and wash hand basin. There is a small sitting room called the Lower Ground Day Room and large combined sitting and dining room called St. Catherine's.

The first floor is divided into three sections, Maple A, Maple B and Maple C. Maple A comprises one single, three twin and two triple bedrooms. These bedrooms are not en-suite but have a wash hand basin in the room. Bedroom 10 had been reconfigured since the previous inspection and the curtain surrounding the bed did not afford privacy to the resident in the bed closest to the door. Maple B comprises of four twin bedrooms. These rooms do not have en-suite bathrooms but have a wash hand basin in the rooms. Residents in Maple A and B have access to three communal bathrooms in close proximity to their bedrooms. Two of the bathrooms

contain a shower in addition to a toilet and wash hand basin. There is a fourth communal bathroom further down the corridor in Maple C that also contains a shower, for use of the residents in Maple A and B. Maple C comprises eight single and two twin bedrooms, all of which are en-suite with shower, toilet and wash hand basin.

Residents had access to a large outdoor garden which wraps around the centre. There is a well maintained internal courtyard on the lower ground floor. The garden and courtyard were tidy and had level paths.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents' stated that the quality of food was excellent. The menus for all meals and snacks were displayed in the dining room and the day rooms. The inspector observed the evening tea time on the first day of inspection in St Catherine's and the dining experience at dinner time on the second day of inspection in the main dining room. Both meals were appetising and well present and the residents were not rushed. Both meal time experiences were a social occasion where residents were seen to engage in conversations and enjoying each others company. The inspector was informed by residents that drinks and snacks were available anytime outside of meal times.

The activities schedule was displayed throughout the centre. On the evening of the first day the residents were observed enjoying live music entertainment in the day room of the period house. The inspector spend time at the residents knitting club the first evening and was shown some of the items that the residents had knitted. Residents told inspector that they enjoyed attending a history talk about the period house which had been organised the Monday prior to the inspection by students in a Dublin college. On the second day of inspection residents were observed attending an exercise session, Christmas card making and had a karaoke session planned that evening.

Residents had access to radios, television and Internet services. There were advertisements within the centre for independent advocacy services. Residents could receive visitors in the centre's communal areas or their bedrooms. Roman Catholic Mass was celebrated in the centre weekly. Outside of mass, the centre's oratory provided a space for prayer and quiet reflection. Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the two days. Visitors who spoke with the inspector were very happy with the care and support their loved ones received.

The centre had contracted its laundry service for residents clothing to a private provider. All residents' whom the inspectors spoke with on the day of inspection were happy with the laundry service. There was a small on-site laundry service where house hold items were laundered. This area was observed to be clean. There were some miscellaneous items observed in the laundry on the first day of inspection but these had been removed on the second day.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts the quality and safety of the service being delivered.

## Capacity and capability

There were effective governance and management arrangements in place, which ensured residents received a good quality of care and support, from a staff team who knew them well. This was an unannounced inspection carried out to monitor compliance with the regulations and standards and to follow up all statutory notifications received by the Chief Inspector of Social Services since the previous inspection.

The registered provider for Glenaulin Nursing home is Glenaulin Residential Care Limited. This company is part of the Grace Healthcare (Holdings) Ireland Limited group. The company has two directors, one of whom is involved in the day to day operations of the centre. The person in charge worked full-time Monday to Friday in the centre and was supported by an assistant director of nursing (ADON), two clinical nurse managers (CNM), a team of staff nurses, healthcare assistants, housekeeping, an activities co-ordinator, catering, and maintenance staff. The person in charge was supported by a regional operations manager. The person in charge was also supported by shared group departments, for example, quality & safety, finance and human resources.

The provider had applied to extend the date for a restrictive condition applied to the centres registration, the provider had been granted an extension to complete fire works by the 31 March 2026. The inspector observed that the works to comply with fire safety had been completed in the extended area of the centre and were underway in the period house at the time of inspection.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. There was a high level of staff attendance at training in areas such as fire safety, manual handling, safeguarding vulnerable adults, management of challenging behaviour, and infection prevention and control. Staff with whom the inspector spoke with, were knowledgeable regarding infection control and safe guarding procedures.

Improvements were found in the systems for managing audits and risk since the previous inspection. There were good management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; infection prevention and control, falls, care planning and medication management audits. Audits were objective and identified improvements. Records of management and staff meetings since the previous inspection were viewed. Records of meetings showed evidence of actions

required from audits completed which provided a structure to drive improvement. Regular management meeting and staff meeting agenda items included key performance indicators (KPI's), training, fire safety, care planning, and resident's feedback. It was evident that the centre was continually striving to identify improvements and learning was identified in post falls analysis, complaints and audits. The annual review for 2024 was available during the inspection. It set out the improvements completed in 2024 and improvement plans for 2025.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required timeframes. The inspector followed up on incidents that were notified since the previous inspection and found these were managed in accordance with the centre's policies.

### Regulation 15: Staffing

On the inspection days, staffing was found to be sufficient to meet the residents' needs. There was a minimum of three registered nurse on duty at all times for the number of residents living in the centre at the time of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported by nurse management.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

### Quality and safety

Residents who could express a view were satisfied with the quality of the care they received and the inspector observed pleasant engagement between staff and residents throughout the inspection. Notwithstanding these positive findings, the inspector found that the premises did not align fully with the requirements of the regulations.

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents generally lived in an unrestricted manner according to their needs and capabilities.

The inspector viewed a sample of residents' electronic notes and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Care plans viewed by the inspector were person-centred, routinely reviewed and updated in line with the regulations and in consultation with the resident.

There were systems in place to safeguard residents and protect them from the risk of abuse. Staff were supported to attend safeguarding training. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. All interactions by staff with residents were observed to be respectful throughout the inspection. Residents reported that they felt safe living in the centre. The provider was acting as a pension agent for 13 residents living in the centre. There were robust accounting arrangements in place and monthly statements were furnished.

Improvements were found in residents rights since the previous inspection. Close Circuit Television (CCTV) monitors were removed from public areas, residents had access to TV remote controls, residents had access to all communal spaces and all twin bedrooms were observed to be reconfigured to ensure the privacy of each resident was maintained. Residents were provided with recreational opportunities, including games, music, exercise, bingo, and art. Arrangements were in place for consulting with residents in relation to the day-to-day operation of the centre. Resident feedback was sought in areas such as activities, meals, and mealtimes. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre. Residents had access to local and national newspapers, the Internet, televisions, and radios.

Mealtimes were facilitated in the dining and communal rooms. Some residents preferred to eat their meals in their bedrooms and residents said that their preferences were facilitated. The inspector observed that residents were provided with adequate quantities of food and drink. Residents were offered choice at mealtimes and those spoken with overall confirmed that they enjoyed the meals provided. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met.

The inspector found that the overall premises were designed and laid out to meet the needs of the residents. Improvements were found to the premises since the previous inspection. The small gradient slopes on corridor floors were marked with contrasting tape, window restrictors were observed on bedroom windows, and the centre was free of clutter. The Bedrooms were personalised and residents had space for their belongings. Notwithstanding these good practices, further improvements were required to the premises which is outlined under Regulation 17.

The centre was clean, with good routines and schedules for cleaning and decontamination. Alcohol hand gel was available in all communal rooms and corridors. Personal protective equipment (PPE) stations were available on corridors to store PPE. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centre's staff meetings. IPC audits were carried out by the person in charge. There was an up to date IPC policies which included guidance on COVID-19 and multi-drug resistant organism (MDRO) infections. Intensive cleaning schedules had been incorporated into the regular cleaning programme in the centre.

## Regulation 17: Premises

Action was required to come into compliance with the regulation as per Schedule 6 requirements in the following areas:

- Areas of premises were not sufficiently maintained internally and some areas of the centre required painting and repair. For example, the inspector

observed chipped doors frames, chipped paint on walls, and wooden skirtings.

- A review of call-bells devices in the communal areas was required. For example; the call-bell device was missing from the visitors room.
- A review of access to lockable storage in all bedrooms was required as a number of residents did not have access to a lockable space.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' weights were closely monitored and there was timely referral and assessment of residents' by the dietician. Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

### Regulation 27: Infection control

The centre was very clean and there was adequate cleaning staff employed. Staff were observed to be adhering to good hand hygiene techniques. There were two sluicing facility on the premises which were clean and well maintained. There were a minimum of three cleaning staff on duty daily. These staff members were knowledgeable about cleaning practices, processes and chemical use. Hand washing facilities were available for staff on each floor.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

## Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television, the Internet and radio was available. Details of advocacy groups was on display in the centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<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
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Glenaulin Nursing Home OSV-0000041

Inspection ID: MON-0044949

Date of inspection: 04/12/2025

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider assures the chief inspector that:</p> <ul style="list-style-type: none"><li>• A full review of the premises has been completed. Painting and repair works to address chipped door frames, walls, and wooden surfaces are in progress and will be completed in phases to minimise disruption. All works will be completed by the end of May 2026.</li><li>• A review of call bell devices in all bedrooms and communal areas has been completed. Monthly audits are in place to ensure call bells are present, working, and accessible. The missing call bell in the visitors' room has been replaced, and staff have been reminded to promptly report any missing or faulty equipment.</li><li>• An audit of lockable storage in all residents' bedrooms has been completed. Actions are underway to ensure all residents have access to appropriate lockable storage for personal belongings. Any missing or non-functional units will be repaired or replaced, with all actions to be completed by the end of March 2026.</li></ul>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/05/2026