



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

Issued by the Chief Inspector

Name of designated centre:	Foxrock Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Westminster Road, Foxrock, Dublin 18
Type of inspection:	Unannounced
Date of inspection:	04 December 2025
Centre ID:	OSV-0005238
Fieldwork ID:	MON-0045852

About the designated centre

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

This centre is a custom-built facility which can accommodate 40 residents in single or twin bedrooms that have en-suite facilities. It is a mixed gender facility catering for dependent persons aged 18 years and over, but the majority of residents are 65 years and over. It provides long term care, respite and convalescence service. Care is provided for residents with a range of needs and abilities: low, medium, high and maximum dependencies. It does not provide a day care service. There are nurses and care staff on duty covering day and night shifts. The centre is situated in a rural location on the outskirts of Foxrock village. It is constructed over three floors and five levels. Access between floors and levels is serviced by a lift and stairs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
--	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 December 2025	09:15hrs to 16:30hrs	Laurena Guinan	Lead

What residents told us and what inspectors observed

Residents living in Foxrock Nursing Home told the inspector that it was a lovely place to live and that they felt well-cared for. The centre was set in an older house which had been extended and refurbished, and was spread over five levels. At the front of the original house, there was a large hallway that had textured panels on display, and a board with a variety of locks which provided tactile occupation for residents living with cognitive impairment. There were two large communal rooms on either side of the hallway that were attractively furnished and clean, and both were seen to be well used on the day. At the back of the house, there was a large, bright dining room and this led to a conservatory. The rooms were clean and tidy, with menus on display in the dining room. The conservatory gave access to a secure garden area that had furniture and pathways so that residents could safely use the area. An appropriately equipped smoking area was also located here.

The centre provided a number of service facilities such as sluice, domestic and store rooms throughout the building. These were all seen to be secured, clean and tidy. The laundry area was well-ventilated and was tidy, with correct separation of clean and dirty areas. The corridors were all free of obstruction and had hand rails so residents could safely mobilise through the centre. Residents' photos and artwork were on display, as well as information on safeguarding, advocacy and the complaints process. The inspector saw a number of residents' bedrooms and sanitary facilities and these were seen to be clean and maintained to a high standard. Many bedrooms had been personalised with photographs and bed throws, and the centre as a whole had a homely atmosphere.

The inspector observed lunch being served and saw that a pleasant dining experience was encouraged. Residents and staff engaged in conversation, and there was adequate staff to assist residents. Residents were complimentary of the meals provided, and said they were always offered choice. Staff were also seen offering drinks and snacks to residents between meal times.

A well-attended music session took place in the afternoon, and residents said that they enjoyed the activities that were on offer. One resident said they would never get bored as there was always something on, and a visitor showed the inspector photographs of their loved one taking part in numerous activities. They said that the staff made great effort to include residents of all abilities, and to provide a variety of activities to cater for all interests.

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

Capacity and capability

Foxrock Nursing Home was seen to be a well-run centre, with a good history of compliance with the regulations. However, improvements were required in relation to management systems, contracts of care and the notification of incidents.

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the compliance plan from the inspection in May 2024, and statutory notifications submitted to the Chief Inspector since this inspection.

Costern Unlimited Company is the registered provider of Foxrock Nursing Home. In November, there was a change in the person in charge, and the Assistant Director of Nursing temporarily assumed the role. Interviews were underway to appoint a permanent replacement. The person in charge was supported in their role by the regional manager and a team of nurses, healthcare assistants, kitchen, household and administration staff.

The inspectors saw records of management and residents' meetings which facilitated good two-way communication within the centre. However, issues discussed at these meetings did not always have a corresponding action plan to address them, and some items continued to appear in subsequent minutes despite having already been addressed. This made it difficult to ascertain what areas needed attention, and by whom. There was a system of audits in place, however, these audits had not identified issues seen on the day of inspection. These issues will be discussed under Regulation 23: Governance and management. An annual review for 2024 had been completed, and this was seen to have been done in consultation with residents and their families. A corresponding action plan was in place, with most of the actions completed. The actions identified in the compliance plan from the previous inspection had been completed.

The inspector reviewed five contracts of care and saw that all had been signed, and detailed the resident's room number and the occupancy of that room. However, one of the contracts had not specified the weekly contribution that was to be paid by the resident. This will be discussed under Regulation 24: Contract for the provision of services.

There had been an incident had not been notified to the Chief Inspector within the required time frame. The regional manager, who was present on the day of inspection, acknowledged this and said that one notification had been identified on an internal audit and was submitted retrospectively. A review of the incident log showed that all other incidents had been notified appropriately.

Regulation 22: Insurance

The registered provider had a valid contract of insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

Not all management and oversight systems were fully effective. This was evidenced by:

- Audits did not always identify that the care provided was consistent and in line with best practice. For example, a falls audit conducted in November did not identify that post-fall care of residents was not being consistently completed. On review of post-fall care, the inspector saw inconsistencies in the neurological observations taken post fall. Staff spoken with were not aware of the protocol to be followed and there were no guidelines available on the day of inspection.
- Oversight systems did not identify that meetings did not have an action plan in place to ensure they were dealt with appropriately.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Not all residents' contracts detailed the fees to be paid by the resident.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

An incident was not notified to the Chief Inspector within the required time frame as set out in the regulations. The incident was submitted three weeks following the incident.

Judgment: Not compliant

Quality and safety

The residents living in Foxrock Nursing Home were seen to receive a high standard of care from staff who were familiar with their needs and preferences.

The inspector reviewed six care plans and found that they had been developed within 48 hours of admission using validated assessment tools, and were reviewed on a minimum of four monthly intervals.

Residents had good access to allied health professionals. A doctor and physiotherapist both visited weekly and were available on an on-call basis. A dietician, tissue viability nurse and speech and language therapist were all available for in-person and remote consultations. Where a resident had experienced a deterioration in an aspect of their functions, they were seen to have been referred appropriately and reviewed promptly. Recommendations made by the health professionals were seen to be implemented in practice.

The inspector reviewed the records of three residents who had required a hospital admission. On return to the centre, discharge letters were received which informed staff of changes needed to the resident's care. Staff in the centre were seen to have assessed the resident and update the care plans accordingly. Staff spoken with were familiar with the procedure for safely transferring a resident to hospital, and the documentation and communication required to do so safely.

The centre had a visiting policy in place which was in line with the regulations, and residents could receive visitors in the dining area, conservatory or in their bedroom. Visitors were seen coming and going on the day of inspection and those spoken with said they were always made to feel welcome. One visitor said they felt their relative was loved by the staff because the care was of such high quality. Visitors said the communication from staff was excellent, and they felt staff listened and responded to them when they raised concerns.

Regulation 11: Visits

Residents were supported to receive visitors and the registered provider had a policy in place to direct staff in how to facilitate visitors to the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Residents were transferred to and from the centre with the correct documentation and in a planned and safe manner.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were developed within 48 hours of admission and reviewed at a minimum of four monthly intervals.

Judgment: Compliant

Regulation 6: Health care

Residents had access to allied health professionals and the recommended treatment was implemented in practice.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Foxrock Nursing Home OSV-0005238

Inspection ID: MON-0045852

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The audit programme will be reviewed and enhanced to ensure audits are effective in identifying gaps in practice, including post-fall care and neurological observations. • Clear post-fall guidelines and neurological observation protocols will be made readily available to staff, and staff will receive refresher training to ensure consistent implementation. • Minutes of meetings will include documented actions, assigned responsibility, and timelines, with follow-up at subsequent meetings to ensure closure of actions. 	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ul style="list-style-type: none"> • The contract of care which did not contain the full fee details has been amended accordingly. 	

- All other residents' contracts will be reviewed to ensure they include full details of fees, including weekly contributions and any additional charges.

Regulation 31: Notification of incidents

Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

One incident was submitted three weeks following the incident.
The PIC/RPR will ensure notifications are submitted within the required time.

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 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	12/02/2026
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	26/02/2026

Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	31/12/2025
------------------	---	---------------	--------	------------