



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

Issued by the Chief Inspector

Name of designated centre:	Kinvara House Nursing Home
Name of provider:	Kinvara House Limited
Address of centre:	3 - 4 Esplanade, Strand Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	07 April 2026
Centre ID:	OSV-0000054
Fieldwork ID:	MON-0049619

About the designated centre

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

Kinvara House Nursing Home is situated overlooking the seafront in Bray, Co. Wicklow. The centre was originally two Georgian buildings which served as a hotel in the early 20 century. It has been adapted and extended over time and can now accommodate up to 36 residents in single-bedroom accommodation. Bedrooms are located over four floors and all floors are accessible by two passenger lifts. All bedrooms have en-suite toilet and wash-hand basin and many also have a shower. Communal spaces include a day room, activities room, dining room, oratory and hairdressing room. There is an enclosed courtyard to the rear of the building and a garden to front. Kinvara House Limited is the registered provider and the centre caters for male and female residents over the age of 18 for long and short term care. Residents with varying dependencies can be catered for, from low to maximum dependency. Care is provided to older persons with differing care needs. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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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 7 April 2026	07:00hrs to 15:00hrs	Yvonne O'Loughlin	Lead

What residents told us and what inspectors observed

From discussions with residents and from observations made on the day of inspection, the inspector found that residents expressed high levels of satisfaction living in Kinvara House Nursing Home. Residents reported that their rights were respected and that they were supported to choose how they spent their day.

Residents who spoke with the inspector said they were satisfied with the care and support provided by staff, the quality of the food, their bedroom accommodation and the overall services available to them. The centre had a homely atmosphere, and the inspector noted that the provider had made improvements to the décor and upkeep of the premises over the past few years.

On arrival to the centre, the inspector was met by the person in charge. Following an introductory meeting, the inspector completed a walk-through of the centre and reviewed the premises. During this time, the inspector met with the majority of residents and spoke in more detail with seven residents about their lived experience in the centre.

Residents spoke positively about their experience of living in the nursing home. One resident described the centre as "like a close-knit community where everyone is treated like family." Residents reported positive interactions with the registered provider, who was known to residents and engaged with them regularly, which supported a welcoming and person-centred environment. The inspector met with five visitors during the inspection. Visitors expressed a high level of satisfaction with the quality of care provided to their relatives and friends. They reported positive interactions with both the management team and staff. Visitors said that management were approachable and responsive, and that any questions or concerns raised were addressed in a timely manner. The centre had no open complaints.

The centre provided accommodation for a maximum of 36 residents and was located near the seaside. The premises consisted of four floors, which were accessible by lift and stairs. All bedrooms were single-occupancy and each room was equipped with en-suite facilities, including a toilet and hand-wash basin. Some bedrooms also contained a shower.

Bedrooms and communal rooms located to the front of the centre benefited from direct views of the sea and of people walking along the promenade. These views provided a pleasant and stimulating outlook for residents, allowing natural light into the rooms and offering opportunities for visual engagement with the surrounding community.

The entrance to the centre and the garden areas were well maintained and presented a positive first impression. The grounds were tidy, attractively laid out and inviting, creating a welcoming atmosphere for residents, visitors and staff.

The centre had two large jacuzzi baths, which were available for residents' use. The inspector was informed that a number of residents used these baths regularly and enjoyed them.

The main kitchen, located on the lower ground floor, was clean and adequately sized to meet residents' needs. Residents spoke positively about the food provided, including the availability of freshly prepared, home-cooked meals.

The dining room was bright and airy, and there were sufficient staff available to supervise and provide assistance to residents who required support at mealtimes. The dining room was decorated for Easter, and the tables were attractively set, which contributed to a positive dining experience. Meals were plated and served directly from the kitchen.

Prior to the mid-day meal, residents were observed spending time in the main sitting room, which had sea views, where they enjoyed a pre-dinner drink.

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 impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

Overall, this centre was generally striving to be compliant with the regulations and there was a good team of staff committed to providing direct quality care to residents. Notwithstanding this, this inspection found there were significant issues with the management of infection prevention and control (IPC) as discussed in this report which requires attention.

This unannounced risk inspection was carried out by an inspector of social services over one day to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013–2025 (as amended). The inspection had a particular focus on IPC.

This inspection found that there was ineffective management and oversight of the service in some areas. While the registered provider had some management systems in place to monitor and oversee the service, however, this oversight needed improvement and is discussed further under Regulation 23: Governance and management.

The inspector also followed up on the compliance plan from previous inspections. Some actions identified on the last inspection had been addressed. However, two areas remained incomplete, including the absence of a sluice room and the effectiveness of the auditing system used to monitor the quality and safety of the service.

While the provider had identified a timeframe of November 2026 for the installation of a sluice room, limited progress had been made at the time of this inspection. The provider had not yet identified a suitable location for the sluice room.

Kinvara House Nursing Home Limited is the owner and the registered provider of the centre. The centre is family-run and the person in charge is supported by a general manager who is the company director and a clinical nurse manager.

Responsibility for IPC and antimicrobial stewardship within the centre rested with the person in charge. The registered provider had nominated themselves as the IPC link practitioner and had completed the relevant national IPC training programme. The audit schedule to give oversight of the centre in terms of IPC was not sufficient to give assurances that the centre was in compliance with the *National standards for infection prevention and control* (2018). This is further discussed under Regulation 23: Governance and management.

The registered provider had assessed that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. The inspector observed staff providing care for residents and staff were knowledgeable regarding the residents needs. Residents' call bells were answered promptly and residents were appropriately supervised in communal areas.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre

Judgment: Compliant

Regulation 16: Training and staff development

All staff were up-to-date with training in moving and handling procedures, fire safety, safeguarding of residents from abuse and hand hygiene. Arrangements were in place to ensure that staff were given opportunities to update their skills and knowledge, as required.

Staff were appropriately supervised, according to their individual roles.

Judgment: Compliant

Regulation 23: Governance and management

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23 (d) were not sufficiently robust. This was evidenced by the following:

- Disparities between the finding of local audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services (2018). For example;
 - While antibiotic usage was recorded, there was no documented evidence of antimicrobial stewardship audits or quality improvement initiatives.
 - The audit in use was not aligned to best practice standards and did not cover areas like management of linen, equipment and sharps management. The full compliance achieved did not align to what the inspector viewed on the day of inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the records in relation to incidents in the centre showed that the notifications in relation to IPC, as set out in Schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. Residents appeared well cared for with their personal care needs being met. Their social care needs were incorporated into their daily care, which they all appeared to really enjoy. However, deficits in the governance and

management and the oversight of infection prevention and control were impacting on the overall quality and safety of the service provided.

Overall, the facilities and premises were observed to be well maintained internally and externally, and were tidy and comfortable to meet residents' needs. The centre was clean and free from unpleasant odours on the day of inspection.

Notwithstanding these positive findings, the absence of a designated sluice room did not support good infection prevention and control (IPC) practices. A sluice room is an essential facility for the safe disposal of human waste, the cleaning and disinfection of reusable equipment, and the appropriate management of infectious clinical waste

There had been no outbreaks of notifiable infections identified in the centre over the past year. Staff spoken with during the inspection demonstrated good knowledge of the signs and symptoms of infection and were aware of the procedures for reporting any concerns regarding residents. Appropriate use of personal protective equipment (PPE) was observed throughout the inspection.

However, a number of issues were identified that could impact the effectiveness of infection prevention and control practices. These findings are outlined in detail under Regulation 27: Infection Control.

Barriers to good hand hygiene practices were observed during the course of this inspection. For example, alcohol gel was not readily available at the point of care for each resident. Also, there was no dedicated clinical hand wash sink for staff to wash their hands if visibly soiled.

On the day of inspection, allied health professionals were present in the centre delivering care to residents. A physiotherapist was observed supporting residents with mobilisation and exercise programmes aimed at maintaining and improving their mobility and physical function. Residents were seen to be encouraged and supported to participate, in line with their assessed needs and abilities.

In addition, a speech and language therapist was present and was observed carrying out assessments with residents in relation to their individual communication and swallowing needs. This provided assurance that residents had access to appropriate specialist support and that care was being delivered in accordance with their assessed requirements

Regulation 11: Visits

There were no visiting restrictions in place at the time of inspection. Visitors were observed coming and going throughout the day, and those spoken with confirmed that visiting was encouraged and facilitated by the centre. Residents had access to

private visiting arrangements and could also meet with visitors in communal areas throughout the centre.

Judgment: Compliant

Regulation 17: Premises

The registered provider had not ensured that the premises conformed to the matters set out in schedule 6 of the regulations as evidenced by:

- Lack of appropriate sluicing facilities.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Transfer letters reviewed on the day of inspection contained all relevant resident information, demonstrating effective communication between services to minimise risk and support continuity of care.

Judgment: Compliant

Regulation 26: Risk management

The centre had a risk management policy in place. However, the absence of a sluice room was not identified or recorded on the centre's risk register.

Judgment: Substantially compliant

Regulation 27: Infection control

Infection prevention and control and antimicrobial stewardship governance arrangements did not ensure the sustainable delivery of safe and effective infection prevention and control. For example:

- Laundry was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by:

- Linen was not managed in line with the centre's own policy for managing linen. For example, soiled linen was pre-soaked instead of using a red soluble bag and placed straight into the washing machine.
- Used commode basins and urinals were washed in residents' sinks, as the centre did not have a bedpan washer for cleaning soiled equipment. This cleaning method was not suitable and posed an increased risk of infection for residents.
- Jugs used for emptying urinary catheters were rinsed in residents' sinks rather than being cleaned in a bedpan washer. This cleaning method was not appropriate and increased the risk of infection for residents with urinary catheters.
- Hand hygiene facilities were not in line with best practice guidelines. For example,
 - Alcohol gel dispensers were not available at the point of care for each resident.
 - There was no dedicated hand hygiene sink for staff to wash their hands if visibly soiled.
 - A portable stainless steel sink at the entrance of the centre had no running water.
- Some of the residents equipment need replacing to enable effective cleaning. For example, some of the pillows were stained and needed a wipeable pillow cover. A small number of mattresses were worn.
- The provider had some measures in place to reduce the risk of *Legionella* bacteria in the centre's water system. For example, taps and showers that were not used regularly were flushed each week to help prevent bacteria from growing. However, the water system was not routinely tested to check whether these measures were working effectively.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans reviewed contained accurate infection prevention and control information, which effectively informed the care provided to residents colonised with an infection and residents with urinary catheters. Careplans were made in consultation with the families and reviewed within the required time-frame.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care support to meet their needs. Residents had timely access to their general practitioners (GPs) and

specialist services such as tissue viability and physiotherapy as required. Residents also had access to other health and social care professionals such as speech and language therapy, dietitian and chiropody.

Judgment: Compliant

Regulation 9: Residents' rights

All residents who spoke with the inspector reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. Residents rights and choice were respected in the centre and the service placed an emphasis on ensuring residents had consistent access to a variety of activities, seven days a week. Residents who wished to walk outside were assisted to walk along the sea-front.

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
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kinvara House Nursing Home OSV-0000054

Inspection ID: MON-0049619

Date of inspection: 07/04/2026

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>The auditing process is currently under review and responsibility for audits has been reassigned to an alternative role to strengthen oversight and governance arrangements. The audit tool is being revised to align with best practice standards and will include areas such as linen management, equipment cleaning and sharps management. In addition, antimicrobial stewardship monitoring is being strengthened through the introduction of documented audit and quality improvement processes. A pharmacy audit has also been completed as part of ongoing compliance and quality assurance measures.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To address the lack of appropriate sluicing facilities, updated drawings and planned timelines have been submitted to the Lead Inspector. Works are planned to provide appropriate sluicing facilities in line with regulatory and infection prevention requirements, including installation of suitable equipment and hand hygiene facilities. Progress updates will continue to be provided to the Lead Inspector, with interim infection prevention and control measures maintained until the works are completed and full compliance is achieved.</p>	

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Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The centre has a risk management policy in place; however, the absence of a sluice room had not been identified or recorded on the centre's risk register. This risk has now been reviewed and added to the risk register, with control measures and ongoing oversight implemented,</p> <p>]</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Infection prevention and control and antimicrobial stewardship governance arrangements are currently under review to strengthen oversight and ensure the sustainable delivery of safe and effective infection prevention and control practices within the Centre. Corrective actions have been initiated in relation to laundry management practices, including reinforcement of the Centre's linen management policy with staff and the discontinuation of pre-soaking soiled linen. Appropriate processes for the management of soiled linen are being implemented.</p> <p>Updated drawings and timelines for the provision of appropriate sluicing facilities, including a bedpan washer, have been submitted to the Lead Inspector. Interim control measures remain in place pending completion of these works.</p> <p>Hand hygiene arrangements have also been reviewed, and wall-mounted alcohol hand sanitiser dispensers have now been installed in each resident bedroom to improve access to hand hygiene facilities at the point of care. Further actions are underway to ensure appropriate hand hygiene sinks are available and operational.</p> <p>A review of resident equipment has been completed, and replacement of worn mattresses, stained pillows and the provision of wipeable pillow covers is underway to support effective cleaning and decontamination.</p> <p>In relation to water safety, the existing flushing regime remains in place and arrangements are being progressed to introduce routine water testing and monitoring for Legionella control.</p> <p>The auditing process has also been strengthened, with audits reassigned to an alternative role and audit tools being updated to align with best practice standards. A pharmacy audit has additionally been completed as part of ongoing quality improvement measures.</p>	

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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	30/11/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	01/07/2026
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of	Substantially Compliant	Yellow	11/05/2026

	risks throughout the designated centre.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Not Compliant	Orange	30/11/2026