



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

Issued by the Chief Inspector

Name of designated centre:	Cairnhill Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Herbert Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	09 December 2025
Centre ID:	OSV-0000755
Fieldwork ID:	MON-0049062

About the designated centre

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

The centre is based in Bray and has good access to local amenities, including bus routes. The premises are purpose-built, and four floors are in use, with bedroom accommodation located on the ground, first, and second floors. Three lifts provide access between the floors. The centre offers 93 places for men and women over the age of 18. The centre caters to residents of all dependencies, low, medium, high, and maximum, and can offer convalescence care, palliative care, respite, and long-term care. Twenty-four-hour nursing care is provided. A comprehensive pre-admission assessment is completed in order to determine whether or not the centre can meet the potential resident's needs. In total, there were 83 single and five twin rooms, all with full en-suite facilities. The bedrooms are spacious and comfortable. Sufficient communal space is available on each floor. The basement area is used mostly for support services such as the laundry, maintenance room, and hairdressing salon, along with offices, staff facilities and a training room. There is also a large function room located in the basement area, which is mostly used for movie afternoons and parties. Additional storage was also provided here. According to their statement of purpose, Cairnhill Nursing Home aims to provide the highest quality of care and services to all residents, above and beyond their expectations and those of their relatives. This is provided in a homely and friendly environment where residents' privacy and dignity are respected, and their individuality is maintained. It aims to provide an environment that is safe, homely, and friendly and in which residents feel secure. It also aims to provide a high standard of direct care services individualised to meet residents' needs while involving all those using the service and their families in planning and decision-making where appropriate.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	89
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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 9 December 2025	08:00hrs to 16:00hrs	Laurena Guinan	Lead

What residents told us and what inspectors observed

Residents living in Cairnhill Nursing Home told the inspector that they were 'looked after very well', and that staff were kind and 'great workers'. The purpose-built centre is spread over four floors which were accessed by lifts and stairs. On entry, there was an attractively decorated reception area with comfortable seating, a TV and a coffee dock area. Two residents using this area told the inspector they enjoyed sitting here as they could watch TV and see lots of people come and go.

On the basement level, there was a spacious hairdressing salon, a reflection room, a physiotherapy room and a large cinema room, as well as ancillary services such as the laundry, store rooms and offices. The cinema room was being decorated for the residents' Christmas party which was scheduled for later in the week, and which residents said they were very much looking forward to. A guest room was also located here and staff reported that this was used for relatives who needed to stay overnight. However, in this room, the cleaning schedule had not been completed since October. The inspector found that in the en-suite the toilet seat and shower were stained and the bin was full. There was also a large build up of ice in the fridge, and items such as a suitcase and flip chart were stored in the room. This was brought to the attention of the person in charge who gave assurances that the room would be cleaned, and that it was routinely prepared before being put to use.

Residents' accommodation was on the ground, first and second floors. Each floor had sluice, storage and treatment rooms, which were all seen to be clean and tidy. The treatment room on the ground floor was found to be unlocked, and the door to the sluice on the first floor was broken. These issues will be discussed later in the report. Residents on each floor had access to dining and living areas which were clean and tidy, with comfortable seating in the living areas and menus on display in the dining areas. The ground floor lounge gave access to a secure courtyard that led to a gate at the side of the building which was locked with a padlock. This area was also an evacuation route. The locked gate was brought to the attention of the Assistant Director of Nursing and will be discussed later in the report.

The corridors on each floor were unobstructed and had hand rails so residents could safely move through the centre. New hand wash sinks had been installed at points along the corridors, and staff also had access to hand gel dispensers on the corridors. There were communal toilets and bathrooms on each floor and these were clean and tidy. There were minor signs of wear and tear in some of these areas such as chipped and stained paintwork, but the centre overall was well-maintained. The inspector saw a number of residents' bedrooms and they were clean and homely. Some residents told the inspectors that they found their rooms cosy and enjoyed spending time there.

The inspector saw lunch being served on each floor. Many residents chose to use the dining areas, and the atmosphere was relaxed. There was adequate staff to

assist residents, and they did so in an unhurried and respectful manner. Residents were complimentary of the food and said there was always a good choice. The portions given to residents were of a good size and the meals looked appetising, with modified meals also nicely presented. One resident said she had lost her appetite recently, but staff were attentive to her needs and ensured she had something nutritious and appealing at each meal. The chef was seen attending to this resident in person to provide her with the dessert she had requested.

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

The centre had a clearly defined management structure and robust management systems in place, although some improvement was required in relation to the oversight of staff practices and access to evacuation routes.

Costern Unlimited Company is the registered provider for Cairnhill Nursing Home. There was a person in charge who worked full-time in the centre and who was supported in their role by an Assistant Director of Nursing and a team of clinical nurse managers. The director of regional operations was present on-site at a minimum of once a fortnight. Staff nurses, healthcare assistants, activities coordinators, household, catering and maintenance staff made up the remainder of the staff team in the centre.

There was an annual review for 2024 available, and this was seen to have included feedback from residents and families. Areas for improvement had been identified and action plans put in place to address these, with the actions either completed or underway. The inspector saw a record of management and staff meetings which facilitated good communication in the centre. There was a comprehensive system of audits in place to monitor standards in key areas of clinical care and support services, and the audits had action plans and learning recommendations to drive improvement in the centre. For example, a clinical nurse manager was allocated to the night-time shift for a trial period, and the falls audit for that period showed a significant reduction in the incidence of falls. This had prompted the management team to revise the level of governance on each shift. A gate to the side of the building which was designated as an evacuation route was secured with a padlock and this was discussed with the Assistant Director of Nursing. The location and ease of access to the key that opened the padlock was not determined. This will be discussed under Regulation 23: Governance and management.

The inspector observed staff practices on the day that required greater oversight. A treatment room door was unlocked on a number of occasions, despite staff being advised to lock it. The lock on a sluice room door was found to be broken, with no

evidence indicating how long it had been broken or whether a request to repair it had been made. As a result, chemicals stored in the room were unsecured and easily accessible to residents. This was reported to the Clinical Nurse Manager on duty who undertook to have it repaired, and ensure that the accessible chemicals were secured in the room. Further oversight of the housekeeping was required to ensure that all rooms were cleaned to meet IPC standards. These will be discussed under Regulation 23: Governance and management.

Staff had access to a comprehensive suite of training and the inspector saw a high level of compliance across all departments. New staff undertook an induction period under the guidance of an experienced staff member, and staff spoken with who were completing, or had recently completed, induction said they felt it was well-structured and informative. Staff underwent regular appraisals, and where a concern was raised about a staff member, the disciplinary system had been implemented appropriately. The inspector spoke with a number of staff on the day and they reported feeling supported in their work.

Regulation 16: Training and staff development

Staff had access to appropriate training and were adequately supervised.

Judgment: Compliant

Regulation 23: Governance and management

Oversight systems in place were not fully effective to ensure the service delivered was safe, consistent and effectively monitored as evidenced by the following:

- Oversight systems had not identified that the means of escape in the event of a fire was not easily accessible. For example, there was a lock on a gate on one of the evacuation routes which did not have a key readily available in the event of evacuation.
- Oversight systems had not identified that chemicals were not stored securely in the sluice room and were easily accessible to residents and visitors. For example, the door to the sluice room on the first floor was broken with no evidence as to how long this was broken, or if arrangements had been made to fix it.
- Oversight systems had not ensured that the medicines within the centre were stored safely. This will be discussed under Regulation 29: Medicines and pharmaceutical services

Judgment: Substantially compliant

Quality and safety

Overall, residents living in Cairnhill Nursing Home were provided with a high standard of care by staff who were familiar with their needs and preferences, although improvements were required in the safe storage of medication.

The inspector saw visitors coming and going on the day of inspection and both residents and visitors said there was no restriction on visiting. Visitors were accommodated to stay overnight when required, and they said they were made to feel welcome by staff. The centre had a visiting policy in place that was in line with the regulations, and a choice of areas in which residents could receive their visitors was provided.

The centre had a laundry on-site, and this was seen to have good separation of clean and dirty areas. Staff spoken with were familiar with laundry procedures and there was a system in place to ensure residents' clothes were returned to them safely. Residents told the inspector they did not have issues with belongings going missing. The inspector saw a number of residents' bedrooms and they all had adequate space for residents to store their belongings in.

Each floor had its own treatment room where medication was stored. The treatment room on the ground floor was seen to be unlocked on a number of occasions on the day of inspection, despite staff being advised to lock it. On one occasion, the medication trolley and presses in the room containing medication were unlocked. On another occasion, an open box of medication that had been received from the pharmacy was in the room. The medication fridge in this room was unlocked on the day of inspection. These issues will be discussed under Regulation 29: Medicines and pharmaceutical services. There was an emergency supply of medication held in the treatment room on the first floor. This was seen to be secured, and stock checks were completed. However, the stock checks were not completed on a regular basis which was not in line with best practice. There was a robust system of delivery and return of medication in the centre which ensured that residents had prompt access to medication, and good stock control of residents' regular medication was maintained. Residents who required crushed medication had this prescribed and documented on their medication administration chart, and staff were seen to be familiar with this requirement. Staff were seen to follow best practice when administering non-routine medication in instances where a resident was agitated or in pain.

There was a safeguarding policy in place, and information on safeguarding and advocacy services were displayed in prominent areas throughout the centre. Staff had completed training in safeguarding and those spoken with were knowledgeable on how to raise concerns of abuse. Residents told the inspector they felt safe in the centre and felt that staff would listen to and act on any concerns they had.

Safeguarding and advocacy and were all discussed during residents' meetings. Residents had safeguarding care plans in place.

Residents' meetings were held on a two monthly basis and discussed a range of topics from access to speech therapy to activities. Where residents had made requests at these meetings, they were seen to have been followed up. Residents had access to a variety of group and one-to-one activities. For residents who were unable to verbalise their preferences, staff recorded their response to different activities in the care plan system in order to determine what the resident did or did not enjoy. There was access to TV, newspapers and radio in communal areas and bedrooms. Residents told the inspector that they were able to choose how to spend their day, such as where to have their meals or what time they get up at. They praised staff for respecting their preferences, and the inspector saw many kind and respectful interactions during the day.

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 12: Personal possessions

Residents' clothes were laundered regularly and returned to them. Residents had adequate space for their clothes and personal possessions.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had not ensured that medicinal products were stored securely as evidenced by:

- A treatment room was left unlocked, with unsecured medication in the room.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that residents had adequate facilities and opportunities to engage in activities, communicate freely and exercise their rights. Residents were consulted about and participated in the organisation of 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
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cairnhill Nursing Home OSV-0000755

Inspection ID: MON-0049062

Date of inspection: 09/12/2025

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 gate to the rear of the building has been reviewed and a key is now in place in a red break glass unit adjacent to the gate for staff to open in the event of an emergency-completed• All doors in the building that have keypad access have been reviewed. Locks that were faulty or not working have been replaced. - completed• The latch system has been disabled on all other locks so that staff cannot place the doors on the latch system. - completed• All staff in all departments have been informed individually that all doors should remain locked at all times. -completed• Signage has been placed on all doors to remind staff.• The management team will continue to monitor this daily to ensure doors are not being held open or that the lock mechanism has been interfered with. -ongoing• Daily reminders are given at the huddles for all staff.	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none">• The lock on the treatment room has been replaced and the latch system disabled to ensure the door will automatically lock when staff leave the room and close the door. This will be monitored daily by the management team, and all staff have been advised individually that all doors should be locked when the room is not in use.• Signage is in place to remind staff to close the door.• Reminders are given daily to all staff at the huddles.	

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(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	23/01/2026
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	23/01/2026