



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

Issued by the Chief Inspector

Name of designated centre:	Rathborne Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Ashtown, Dublin 15
Type of inspection:	Unannounced
Date of inspection:	28 January 2026
Centre ID:	OSV-0007976
Fieldwork ID:	MON-0049495

About the designated centre

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

Rathborne Nursing Home is located in Dublin 15. There are 120 registered beds over two floors of the centre. The centre offers accommodation to both male and female residents over the age of 18 years. Care is provided to residents with low, medium, high and maximum dependency levels. The registered provider is Costern Unlimited Company. 24-hour nursing care is provided for all residents, and the centre maintains a person-centred model of care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	119
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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
Wednesday 28 January 2026	07:10hrs to 15:30hrs	Sinead Lynch	Lead
Wednesday 28 January 2026	07:10hrs to 15:30hrs	Aislinn Kenny	Support

What residents told us and what inspectors observed

The inspectors spoke with ten residents to gain insight into their experience of living in Rathborne Nursing Home. All residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents reported that 'the staff are so good' and 'we're very well looked after'. Another resident told the inspectors that 'it was a lovely place to be'. The inspectors also spoke with some family members who were visiting on the day and told inspectors that 'staff are marvellous, they're so obliging, nothing is an issue'. Other visitors said that 'we can't ask for more, it's great'. There were 119 residents living in the centre on the day.

This was an unannounced inspection carried out with a focus on adult safeguarding. Inspectors reviewed the measures the registered provider had in place to safeguard residents from all forms of abuse. The inspectors arrived to the centre in the early morning and spoke with staff on the night shift and other staff arriving for the day shift. Inspectors also spent time observing interactions between staff and residents. On arrival to the centre, there was a quiet and calm atmosphere observed in all units, most residents were sleeping in their bedrooms and some residents who preferred to get up early were in the sitting room, some residents were watching television and others were having a cup of tea. Later in the morning residents were observed having a 'cuppa, cake and chats' on the ground floor, with freshly made cake and china tea sets providing a sense of occasion. Residents told inspectors they enjoyed this.

The inspectors observed staff attending to residents' requests for assistance in a timely manner and staff who spoke with the inspector were knowledgeable about the residents they cared for and what their needs were.

The centre is laid out across two floors and is divided into four units, referred to as Elm, Beech, Ash and Oak. The centre was tastefully decorated, well-maintained with a calm and friendly atmosphere observed. The lived-in environment was bright, clean and homely throughout. Directional signage was well-placed to facilitate residents' movement throughout the centre. Key-pad door locks had the code discreetly displayed to allow free access around the centre and also to safeguard the more vulnerable or at risk residents. Most residents' bedrooms were personalised with items that were important to residents, including their family photographs and souvenirs. There was sufficient private and communal space for residents to relax in. An enclosed outdoor courtyard was easily accessible and suitable for residents to use. A smoking hut was situated in one of the courtyards and was observed being independently accessed by residents. Balconies on the first floor were also available for residents' use. During a walk-around the centre the inspectors observed two fire doors that required attention from the provider, one fire door was not fully closing

and another had the floor mechanism exposed. These were fully addressed by the provider on the day.

A varied activities schedule was on display in the centre and residents were informed of the daily events through announcements on the public address (PA) system prior to the event starting. Residents attended Mass in the afternoon and on the evening of the inspection residents were observed enjoying live music and dancing on the first floor of the centre. Residents and their families were also observed chatting and having refreshments on the ground floor seating area, there was a lively and friendly atmosphere in the centre.

There was a pro-active residents' committee in place in the centre. The committee members would meet with other residents in the centre and take any concerns or suggestions they had to the management team in the centre. All of these suggestions and concerns were followed up appropriately by the management team.

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

Capacity and capability

Overall, the inspectors were assured that residents in the centre were well cared for in a supporting, caring and well-resourced way. There was good leadership evident from the management team.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended). This inspection had a specific focus on the provider's performance with respect to safeguarding adults.

Costern Unlimited Company is the registered provider for Rathborne Nursing Home. There were clear roles and responsibilities outlined with oversight provided by the Chief Executive Officer and a Clinical Operations Manager who was the senior identified person participating in the management. The person in charge reported directly into the Clinical Operations Manager. The person in charge was a registered nurse who was full-time in the centre. The person in charge was supported in their role by an assistant director of nursing, four clinical nurse managers (CNMs), a team of nurses and health care support staff.

The provider had an audit schedule covering areas such as complaints, safeguarding, health and safety, care planning, falls, wounds, call-bell response

times and weight loss. Where these audits identified deficits and risks in the service, the provider had a time-bound quality improvement plan.

Staffing levels and their allocation were observed to be sufficient to meet the needs of the residents for both day-time and night-time. This was confirmed by many of the residents spoken with, as well as staff and visitors who met with the inspectors. There were sufficient staff in place on the day of inspection to meet the assessed needs of the residents.

There was appropriate clinical supervision in place, with supernumerary management staff available to oversee practices both during the day and at night. Call-bells were answered promptly, and residents' needs were attended to in a timely manner. The person in charge informed the inspectors that staffing allocation was determined by the residents' assessed needs, and these may change from day-to-day.

Staff were provided with mandatory and relevant training to meet the needs of their role. Staff training was closely monitored to ensure all staff completed training requirements, which proved effective in the staff member's knowledge and practices.

Notifiable incidents were submitted to the Chief Inspector in line with regulatory requirements and an incident and accident log was maintained in the centre.

Records of complaints were available for review and the inspectors reviewed a number of complaints received in 2025. Complaints were listened to, investigated and the complainant was informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to if they needed to.

Regulation 15: Staffing

A sample of staff duty rotas was reviewed, and in conjunction with communication with staff, residents and visitors, the inspectors found that the number and skill-mix of staff were sufficient to meet the needs of the residents, having regard to the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Staff were appropriately supervised during day-time and night-time.

Training records were well-maintained and made available to the inspectors on request. Inspectors were assured that staff had completed all the mandatory training and had access to other relevant training to support them in their role.

Judgment: Compliant

Regulation 21: Records

The registered provider had in place all records set out in Schedule 2 of the regulations. These were made available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. There was a proactive management approach in the centre which was evident by the ongoing audits and subsequent action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of Social services of any accident or incident required to be notified under the regulations within the required time-frame.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place, which was displayed throughout the designated centre. The records showed that complaints were recorded and investigated in a timely manner and that complainants were advised of the outcome. There was also a record of the complainant's satisfaction with how the complaint had been managed.

Judgment: Compliant

Quality and safety

This unannounced inspection was focused on adult safeguarding. The registered provider had ensured that residents were receiving a high-quality, safe service. Inspectors found that the provider was proactive in their approach to safeguarding residents and appropriate measures were taken to protect residents from harm. Residents' rights were upheld in the centre and there was a person-centred approach to residents' care.

Arrangements were in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of residents' care plans, which were reviewed every four months or more frequently if required. The inspectors reviewed a sample of these care plans and found that they were generally person-centred and reflected the care needs of the residents. Areas for improvement had been identified by the registered provider through their regular audits.

The environment was very clean and tidy on the day of the inspection. The inspectors observed good practices in relation to standard precautions to reduce the spread of infection. Staff were observed to have good hand hygiene practices. The inspectors observed that equipment used by residents was in good working order and reusable equipment was cleaned and stored appropriately. Clinical audits in the area of infection control were taking place and issues identified were appropriately actioned by the person in charge. Regular safety pause meetings were held with staff to provide education regarding specific practices for example, the safe disposal of clinical waste. Residents with urinary catheters in place had comprehensive care plans in place to guide staff in the management of these.

It was observed that through ongoing comprehensive assessment residents' health and well-being were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. The general practitioner (GP) visited the centre twice a week. A physiotherapist was employed in the centre and provided regular input into the residents' care.

The registered provider had arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. Safeguarding care plans were in place for residents who were assessed as having a safeguarding concern. From a review of documentation inspectors found that comprehensive investigations were seen to take place if a safeguarding concern

was reported. Advocacy services contact details were on display around the centre and the provider had appointed safeguarding officers to report any concerns to.

Residents' rights and choice were promoted and respected within the centre. Activities were provided in accordance with the needs and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, telephone and TV. Regular residents' committee meetings took place in the centre and a team of residents' representatives were appointed to represent residents' views and input into the running of the centre.

Regulation 27: Infection control

The registered provider had adequate resources available to ensure safe infection prevention and control practices were effectively implemented.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A sample of resident care plans were reviewed. Care plans were updated within a four month period, or more frequently where required and were sufficiently detailed to guide the residents' care.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that all residents had access to appropriate medical and health care, including a general practitioner (GP), physiotherapy, speech and language therapy and dietetic services.

Judgment: Compliant

Regulation 8: Protection

The inspectors found that the provider had taken all reasonable measures to protect residents from abuse. Staff who were met in the course of the inspection confirmed that they had attended safeguarding training and were confident that they would be able to use this training to ensure that residents were protected from abuse.

The centre was a pension-agent for five residents and there were arrangements in place to safeguard residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspectors observed that the privacy and dignity of residents was respected by staff. Throughout the day of inspection, the staff were observed to interact with residents in a caring, patient and respectful manner. There was appropriate access to media and activities in the centre. A varied activities schedule was available for residents.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant