



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

## Issued by the Chief Inspector

Name of designated centre:	St Elizabeth's Nursing Home
Name of provider:	Gortana Limited
Address of centre:	Kells Road, Athboy, Meath
Type of inspection:	Unannounced
Date of inspection:	30 October 2025
Centre ID:	OSV-0000167
Fieldwork ID:	MON-0045234

## About the designated centre

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

St Elizabeth's nursing home is a mixed gender facility for dependent persons over the age of 18 which provides 24 hours care and support for up to 36 residents. Care is provided for both long term residents and short term such as respite, convalescence as well as intellectual disability, dementia, palliative and end of life care. Residents' bedroom accommodation consists of 22 single bedrooms and seven twin rooms. Sixteen of the bedrooms have en suite facilities. There are also 3 spacious sitting rooms, one dining room, visitor's room and a hair salon. The designated centre is a period house consisting of 2 storeys serviced by a lift and a single storey extension overlooking private enclosed landscape gardens and decking area safely accessible for wheelchair users. It is located in the town of Athboy and is serviced by nearby restaurants, public houses, libraries, community halls and shops. The centre's stated aims and objectives are to provide excellent healthcare in an environment that makes the residents feel at home. Parking facilities are available on site.

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

Number of residents on the date of inspection:	34
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## How we inspect

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 30 October 2025	08:00hrs to 16:00hrs	Maureen Kennedy	Lead

## What residents told us and what inspectors observed

From the inspector's observations and discussions with the residents, St Elizabeth's Nursing Home was a nice place to live where residents were supported to have a good quality of life. Residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents had particularly positive feedback for the staff team, the calm 'home from home' environment and the food provided, reporting to the inspector that they got the 'best of everything' and that the staff were 'very good to us here, we are spoiled'. There were 34 residents living in the centre on the day of this unannounced inspection.

In the morning, residents were observed sleeping in their rooms while some residents were already up and in the dining room. Carers were in attendance to assist residents if required. Staff who spoke with the inspector were knowledgeable about the residents they cared for and what their needs were. Staff were kind and caring in their interactions with residents, were respectful of residents' communication and personal needs, and were observed busily attending to residents' requests for assistance in a timely manner.

The inspector observed that following the last inspection, the registered provider had undertaken a programme of remedial works to address issues relating to premises and fire precautions.

The centre was tastefully decorated, well-maintained with a calm and friendly atmosphere observed. The lived-in environment was bright, clean and homely throughout. The centre comprises of two floors, both of which contain residents' bedrooms, with all the communal areas located on the ground floor. The residents have access to enclosed gardens and a decking area accessed either from the dining room or one of the sitting rooms. Residents were observed relaxing in the communal areas, and many residents were observed mobilising freely around the centre. Many of the residents' bedrooms were personalised with items that were important to them.

During the tour of the centre, the inspector noted that there was good use of notice boards to update residents on information and the availability of activities and events which were occurring within the centre. Residents had access to television, radio and newspapers. A range of activities were available to residents seven days a week, including arts and crafts, bingo and exercise classes. Activities occurring on the day of inspection included 'nail painting' for the female residents and preparation for a visit from a local junior school for Halloween, with the residents preparing 'goody bags' to be given to the children at the end of the event. The centre's hairdresser was in attendance on the day of inspection and residents were observed enjoying the experience. A remembrance mass was planned for the week following

the inspection. Families of former residents were invited to this well attended annual event.

Meals were served in the dining room and in the residents' bedrooms as per individual preferences. Chefs on duty were familiar with residents' dietary needs and had documentation on residents' meal choices including those who were on modified diets and prepared their meals accordingly. The food looked hot and appetising and residents were all very complimentary, with praise for the catering staff, "the food is wonderful".

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**

Overall, the inspector found that residents benefited from a well-run centre with good leadership and good governance and management arrangements in place which contributed to the provider's high level of regulatory compliance as evidenced by the findings of this unannounced inspection. It was evident that the centre's management and staff focused on providing quality service to residents and promoting their well-being.

The registered provider of St Elizabeth's Nursing Home is Gortana Limited. There are two directors of the company, both of them actively involved in the operational oversight of the centre, and one holding the role of general manager. The person in charge had responsibility for the day-to-day operations of the centre and was supported in their role by a Clinical Nurse Manager (CNM) and a team of nurses and healthcare support staff. There was a schedule of regular meetings in place, including a weekly management meeting attended by the general manager. The inspector reviewed minutes from this meeting and observed a very comprehensive, set agenda including health and safety, fire precautions, concerns, incidents, complaints and premises issues to name a few. The management team had developed audits that identified where improvements were required. They used these audits to implement improvement plans and drive quality care. There was an annual review of the centre and a quality improvement plan in place. The residents' opinions and their views were taken into account when developing this annual review.

On the day of the inspection, there were adequate staffing resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. Throughout the day of inspection, staff were observed to be very interactive with the residents attending to their needs in an unrushed, kind and patient manner. Staff had access to and had completed training appropriate to their role. There was an ongoing schedule of

training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their roles.

The directory of residents was maintained in electronic format in the centre and all information as required by the regulation was in place.

Documents were available for review including written policies and procedures as set out in Schedule 5 of the regulations. All were updated within the required time frame.

### Regulation 15: Staffing

The inspector reviewed a sample of staff duty rotas and in conjunction with communication with residents, found that the number and skill-mix of staff was 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

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established a directory of residents which met the regulatory requirements and was made available when requested.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and

accountability. The annual review for 2024 was reviewed and it met the regulatory requirements.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Schedule 5 policies were available to staff and all were updated at a minimum of every three years and as required.

Judgment: Compliant

#### Quality and safety

Overall, the inspector was assured that residents were supported and encouraged to have a good quality of life in St Elizabeth's Nursing Home and that their healthcare needs were well met. The inspector observed that following the last inspection, the registered provider had undertaken a programme of remedial works to address issues relating to premises and fire precautions.

The premises was designed and laid out to meet the needs of the residents. The general environment and residents' bedrooms, communal areas and toilets inspected appeared clean and clutter-free. Regarding fire precautions, the inspector observed the completed containment measures within the hot press storage area, and noted the upgrades to fire doors, including handles, hinges, and smoke seals throughout the centre. The inspector was informed that the architect had reviewed the attic space, and fire compartmentation had been confirmed. In line with the previous compliance plan, revised floor plans depicting compartment boundaries and the designated route to the external assembly point were displayed throughout the centre, ensuring clear guidance for staff, residents, and visitors during fire emergencies. The fire procedures and evacuation plans were displayed prominently throughout the centre. The person in charge was the fire warden for the centre and weekly fire safety talks were conducted with residents and staff. Fire training and drills are being conducted for staff and residents including a fire drill via the external stairs as part of the evacuation plan. The inspector reviewed the reports provided by the company contracted for cleaning the cooker hood extractor system in the kitchen.

The dining room was bright, spacious, clean and very nicely decorated for Halloween. Mealtimes were observed to be relaxed and calm with two seatings organised to accommodate the centre's residents. Early lunch saw ample staff available to support residents who required full assistance. The inspector observed

staff assist with clothes protectors where residents expressed a wish to wear one, and offer drinks, condiments, butter and sauces to suit the residents' likes. Staff spoken with had good knowledge of residents' dietary needs and relevant modified diets. The second seating was observed as a sociable occasion, with residents chatting together. The tables were set in a homely manner with menus on display and condiments and drinks within easy reach of residents, enabling them to maintain their independence. Residents reported always being afforded choice and provided with an alternative meal should they not like what was on the menu. The meals provided appeared appetising and were served hot. Feedback received from residents on the day of the inspection was that they enjoyed the meals on offer.

The environment was very clean and tidy on inspection day. The inspector observed good practices in relation to standard precautions to reduce the spread of infection. For example, waste and laundry linen were managed in a way to prevent the spread of infection. Linen was appropriately segregated at point of care. Staff were observed to have good hand hygiene practices. The inspector observed that equipment used by residents was in good working order and reusable equipment was cleaned and stored appropriately.

The inspector was assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. Controlled drugs were stored safely and checked at least twice daily. Checks were in place to ensure the safety of medication administration. There was good pharmacy oversight with regular medication reviews carried out. There was evidence of good oversight of multi drug resistant organisms (MDRO) and antibiotic stewardship.

#### Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

#### Regulation 18: Food and nutrition

Residents informed the inspector that there was a good choice of food available to them and that they can access food and snacks whenever they want. The service of food was good and residents had a choice at each mealtime. The food served was found to be in accordance with the residents' assessed needs.

Judgment: Compliant

## Regulation 27: Infection control

Infection prevention and control training was up to-date. The registered provider had adequate resources available to ensure safe infection prevention and control practices were effectively implemented.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had taken appropriate precautions against the risk of fire and had completed all outstanding actions arising from the previous inspection report. Training records demonstrated that all staff received annual training in fire safety. Fire exits and escape pathways were noted to be clear from obstruction. There were Personal Emergency Evacuation Plans (PEEPS) developed for each resident.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. There was good oversight with regular medication reviews carried out.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant