Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ave Maria Nursing Home
Name of provider:	Cummer Care Limited
Address of centre:	Tooreen, Ballyhaunis, Mayo
Type of inspection:	Announced
Date of inspection:	02 March 2026
Centre ID:	OSV-0000315
Fieldwork ID:	MON-0046094

About the designated centre

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

Ave Maria Nursing Home is a purpose-built single-storey building, registered to provide care for 41 residents. The designated centre is family-run and is located in a small country village. The centre is surrounded by mature gardens, some of which are laid out with seating areas and vegetable gardens. The provider's cat and dog visit the centre every day and are enjoyed by the residents. All resident bedrooms are well laid out and have an en-suite bathroom facility. The centre provides care to residents over 65 years with chronic illness, residents living with dementia and those requiring end-of-life care. The philosophy of care at Ave Maria Nursing Home is to create a home-away-from-home environment and deliver person-centred care to each individual resident in a comfortable, safe environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39

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
Monday 2 March 2026	06:45hrs to 14:00hrs	Fiona Cawley	Lead
Monday 2 March 2026	06:45hrs to 14:00hrs	Helena Budzicz	Support

What residents told us and what inspectors observed

Inspectors found that residents living in this centre received care and support that ensured they were safe and could enjoy a good quality of life. Feedback from residents was that they were well-cared for by staff who were attentive to their needs. Staff were observed to be familiar with the needs of residents and to deliver care and support in a respectful and calm manner. There was a friendly, relaxed atmosphere throughout the centre.

Inspectors arrived in the centre at 06.45hrs on the morning of the inspection. A number of residents were relaxing in the reception area, while other residents were being assisted and supported by staff with their personal care needs. Following an opening meeting with the nurse in charge, inspectors completed a tour of the premises, observing the care provided to residents, talking with residents and staff, and reviewing the living environment.

Ave Maria Nursing Home is situated in the village of Tooren, near Ballyhaunis, County Mayo. The centre is a purpose-built, single-storey facility providing accommodation for 41 residents. This unannounced inspection took place over one day. There were 39 residents in the centre and two vacancies on the day of the inspection.

The centre was found to be laid out to meet the needs of residents and to encourage and support independence. Corridors were wide, with appropriately placed handrails, and were maintained clear of items to allow residents with walking aids to mobilise safely around the centre. Throughout the centre, the aesthetics and interior design were of a good standard, creating a welcoming, home-like environment. The centre was clean, tidy and well-maintained. Call-bells were available in all areas and were answered in a timely manner. All areas of the centre were bright, adequately heated and well ventilated.

Residents' bedroom accommodation consisted of single-occupancy bedrooms, all of which had en-suite facilities. The size and layout of bedrooms were appropriate for residents' needs and ensured their privacy and dignity. Residents were supported to decorate their bedrooms with personal items, such as ornaments and photographs, to help them feel comfortable and at ease in the home. There were adequate facilities available for residents to store their personal belongings and access to facilities for the safekeeping of residents' valuables.

There was a sufficient choice of suitable communal spaces available for residents to use, which provided bright, spacious areas for rest and recreation. Many areas provided residents with views of the outdoors, including the garden areas and the local countryside. There was an oratory available which provided residents with a

quiet space. Adequate space was available for residents to meet with friends and family members in private, should they wish to.

There was safe, unrestricted access to outdoor areas, which provided residents with direct access to nature and fresh air. The enclosed gardens contained colourful, seasonal flower beds, vegetable plots, lawns and a variety of appropriate outdoor furniture and shelter. A number of residents told inspectors that they were looking forward to gardening activities as the weather improved.

As the day progressed, inspectors spent time in the various areas of the centre, chatting with residents and staff and observing staff providing care and support to residents. The majority of residents were up and about, relaxing in the communal areas or mobilising freely through the centre. A number of residents chose to sit in the foyer, watching the comings and goings throughout the day. A small number of residents were observed enjoying quiet time in their bedrooms. It was evident that residents were supported by staff to spend the day as they wished.

Familiar, respectful conversations were overheard between residents and staff, and there was a relaxed, convivial atmosphere in the centre. The house cat, Puca, sat with residents in the foyer, and residents commented on how they enjoyed having a pet in the centre.

Staff supervised communal areas appropriately, and those residents who chose to remain in their bedrooms were supported by staff. While staff were seen to be busy attending to residents throughout the day, inspectors observed that care practices were unhurried and respectful. Personal care was attended to in line with residents' wishes and preferences. It was evident from talking with staff that they knew the residents and their individual needs.

Residents were happy to talk about their experience of living in the centre. Those residents who spoke with inspectors said that they were satisfied with life in the centre. Residents commented that they were well cared for, comfortable and happy. One resident told inspectors, ''It's beautiful here, it's like a hotel.'' Another resident said, ''It's lovely, the people are good, and you couldn't ask for more.'' A number of residents explained to inspectors why they decided to move to the centre and that they were content with their decision. Residents who were unable to speak with inspectors were observed to be content and comfortable in their surroundings.

Residents stated that they had plenty to do every day and that they had a choice in how they spent their day. Residents had access to television, radio, newspapers and books. There were opportunities for residents to engage in recreational activities of their choice and ability. There was a schedule of activities in place which included gardening, complementary therapy, exercises, bingo and music. Inspectors observed residents enjoying a variety of activities on the day of the inspection, including music, singing and exercise. Staff were available to support residents and to facilitate residents to be as actively involved in activities as they wished. Residents were also provided with opportunities to go out with family and friends.

Inspectors observed visitors being welcomed to the centre throughout the day of the inspection.

The centre provided residents with consistent access to adequate quantities and a range of food and drink choices, and residents were complimentary about the quality of the food. Residents had a choice of meals from a menu that was updated daily. Snacks and refreshments were available throughout the day. Residents had a choice of when and where to have their meals and were observed eating meals and snacks at various times of the day, depending on their preferences. There were adequate numbers of staff available to residents who required assistance, and they were supported with their meals in a respectful and dignified manner.

In summary, inspectors found residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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.

Capacity and capability

Overall, this was a well-managed centre where the quality and safety of the services provided were of a good standard. This inspection found that there was evidence of significant improvements in relation to the governance and management arrangements in place. The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to enhance the daily lives of residents. The provider had addressed the majority of non compliances found on the previous inspection in respect of staff training and records, statement of purpose, complaints, premises, medication management, assessment and care plan, health care and residents' rights. Notwithstanding the improvements made, the system of oversight in relation to infection control was not fully in line with the requirements of the regulations.

The registered provider of this designated centre is Cummer Care Limited, a company comprised of three company directors. All three directors were actively involved in the day-to-day management of the centre and were present throughout this inspection. Inspectors found that the governance and management were well-organised, and the use of resources was efficient and effective. There was a clear management structure in place, with identified lines of responsibility and accountability. The clinical management team consisted of a person in charge supported by two clinical nurse managers.

There was a full complement of staff in place, including nursing and care staff, activity, housekeeping, administration, maintenance and catering staff. The person in charge demonstrated a good understanding of their responsibilities under the regulations. There were systems in place to ensure appropriate deputising arrangements in the absence of the person in charge. The centre had a stable team which ensured that residents benefited from continuity of care from staff who knew their individual needs.

Staffing levels and skill-mix were appropriate to meet the assessed health and social care needs of the residents, given the size and layout of the building. Staff were observed working together as a team to ensure residents' needs were addressed, and were observed to be interacting in a positive and supportive way with residents.

Staff were facilitated to attend training that was up-to-date and appropriate to the service. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training. There were appropriate arrangements in place to ensure staff were appropriately supervised.

Inspectors found that the provider had implemented monitoring systems to ensure the quality of the service was safe and effective. There was a quality assurance programme in place, including a schedule of clinical and environmental audits, which reviewed aspects of the service, including medication management, use of restraints, infection control, nutrition, nursing records, and care planning. Action plans were developed and completed, where areas for improvement were identified. An annual review of the quality and safety of the services had been completed for 2025, and included a quality improvement plan for 2026.

There were systems and processes in place to ensure effective communication between management and staff in the centre. The management team met with each other and staff on a regular basis. Minutes of meetings reviewed by inspectors showed that a range of relevant issues were discussed, including residents, staffing, training, audits, complaints and other relevant issues.

Policies and procedures, required by Schedule 5 of the regulations, to guide and support staff in the safe delivery of care, were available to all staff.

Notifiable events, as set out in Schedule 4 of the regulations, were notified to the office of the Chief Inspector of Social Services within the required time frame.

The centre had a risk register in place, which identified clinical and environmental risks in the centre, and the risk control measures in place to mitigate those risks. Arrangements for the identification and recording of incidents were in place.

The provider had systems in place to ensure the records, set out in the regulations, were available, safe and accessible and maintained in line with the requirements of the regulations.

The centre had a complaints policy and procedure that clearly outlined the process for raising a complaint or concern. A complaints log was maintained with a record of complaints received.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in the care of older persons and worked full-time in the centre. They were suitably qualified and experienced for the role. They had the overall clinical oversight for the delivery of health and social care to the residents and displayed good knowledge of the residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff were appropriate with regard to the needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role. Staff were appropriately supervised on the day of the inspection and demonstrated an appropriate awareness of their training and their role and responsibilities.

Judgment: Compliant

Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, stored securely and readily accessible.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance arrangements in the centre. There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a team-based approach. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose in place that contained all the information as required by the regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the office of the Chief Inspector of Social Services had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. The inspectors observed that complaints had been managed in line with the centre's policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider prepared written policies and procedures in accordance with Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

This inspection found that management and staff worked hard to provide a high quality of life for the residents living at Ave Maria Nursing Home. Residents were complimentary about the service, and confirmed that their experience of living in the centre was positive. Inspectors observed that residents' rights and choices were upheld. Staff were respectful and courteous with residents.

Residents received a good standard of care and support, which ensured that they were safe and that they could enjoy a good quality of life. A sample of 15 residents' files was reviewed by inspectors. Each resident had an assessment of their health and social care needs carried out prior to admission to ensure the service had the ability and facilities to support them. On admission to the centre, residents' needs were further assessed using validated clinical assessment tools. The outcomes were used to develop care plans, which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. Inspectors found that care plans were person-centred and were sufficiently detailed to guide care.

Residents had access to medical assessments and treatment by their general practitioners (GPs). Arrangements were in place for residents to access the expertise of health and social care professionals when required.

The centre promoted a restraint-free environment, and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The use of restrictive practices, such as bedrails, was only initiated after an appropriate risk assessment and in consultation with the multidisciplinary team and the resident concerned.

The provider had measures in place to safeguard residents from abuse. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse.

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred.

Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they chose.

Opportunities to participate in recreational activities, in line with residents' choice and ability, were provided. Residents had the opportunity to meet together and discuss relevant management issues in the centre. Action plans were developed in response to suggestions made by residents at resident meetings. Satisfaction surveys were carried out with residents with positive results. Residents had access to an independent advocacy service.

Overall, the design and layout of the premises were suitable for their stated purpose and met the residents' individual and collective needs. While there were sufficient toilets and shower facilities available to residents, there was no bath in the centre, as required by the regulations.

There were systems in place to monitor infection prevention and control, antimicrobial usage, and the quality of environmental and equipment hygiene. The environment and equipment used by residents were visibly clean, and the premises were well maintained. However, the sluice room was used to prepare cleaning products and to store the housekeeping trolley and cleaning supplies. This arrangement increased the risk of environmental contamination and cross infection. The centre had a sufficient number of suitable storage areas available; however, inspectors observed that one storage room was very disorganised and cluttered.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

There was effective oversight of medicines management to ensure that residents were protected from harm and provided with appropriate and beneficial treatment.

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

While the overalls maintenance of the premises improved, there was no available bath facility for residents.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There were sufficient amounts of food and drink available to residents at all times. Residents were provided with a choice of meals from a menu that was updated daily. Food was properly and safely prepared, cooked and served including specialist consistency meals. Residents were assisted with their meals in a respectful and dignified manner when necessary.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place, which included all of the required elements, as set out in Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

Some issues were identified which had the potential to impact the effectiveness of infection prevention and control within the centre and posed a risk of cross infection. This was evidenced by:

- Cleaning chemicals were stored and prepared within a sluice room. This significantly increased the risk of environmental contamination and cross infection.
- Inappropriate handling of waste, for example, inspectors observed an open bin bag tied to a handrail along a corridor instead of being contained within an appropriate trolley.
- The humidifier receptacle of one oxygen concentrator in storage contained water, which posed a risk of bacterial contamination.
- Inappropriate storage practices, as medical equipment was stored with cleaning trolleys, incontinence wear and other residents' equipment.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were processes in place for the prescribing, administration and handling of medicines, including controlled drugs, which were safe and in accordance with current professional guidelines and legislation.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to a medical practitioner and other health and social care professional services, in line with their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor restrictive practices to ensure that they were appropriate. The use of restrictive practices, such as bed rails, was only initiated after an appropriate risk assessment and in consultation with the multidisciplinary team and the resident concerned.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse.

Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in safeguarding vulnerable adults at risk.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspectors saw that residents' privacy and dignity were respected. Residents told the inspectors that they were well-looked after and that they had a choice about how they spent their day.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ave Maria Nursing Home OSV-0000315

Inspection ID: MON-0046094

Date of inspection: 02/03/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: To ensure compliance with HIQA standards, dedicated assisted bathroom facilities will be installed within the centre. The facilities will be designed and completed in accordance with all relevant HIQA requirements and accessibility standards. Person Responsible: Proprietors Timeframe: • Planning and approval stage: Within 3 months • Completion of works: Within 8 months	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Storage of Chemicals Action: All chemicals will be relocated to separate designated rooms. Two new storage units will be installed to ensure chemicals are stored safely and appropriately in line with infection prevention and control requirements. Person Responsible: Proprietors Timeframe: • Completion within 3 months Handling of Waste	

Action:
• Staff education and refresher training will be provided on infection prevention and control practices.
• Appropriate waste trolleys will be used at all times.
• Monthly IPC audits will be carried out to monitor compliance.
Person Responsible: DON / CNMs
Timeframe:
• Actions to were implemented within 72 hours

Humidifier Management
Action:
• Humidifiers will be emptied, cleaned, and dried after each use.
• Daily equipment checks will be completed and documented.
Person Responsible: DON / CNMs / Nursing Staff
Timeframe:
• Actions to were implemented within 24 hours

Appropriate Storage of Equipment
Action:
Medical equipment will be stored separately from cleaning trolleys and residents' personal equipment to ensure appropriate segregation and safe storage practices.
Person Responsible: DON / CNMs / All Staff
Timeframe:
• Completion within 5 days

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	31/12/2026
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.	Substantially Compliant	Yellow	31/07/2026