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:	St. Attracta's Residence
Name of provider:	St. Attracta's Nursing Home Unlimited Company
Address of centre:	Hagfield, Charlestown, Mayo
Type of inspection:	Unannounced
Date of inspection:	23 April 2026
Centre ID:	OSV-0000386
Fieldwork ID:	MON-0050298

About the designated centre

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

St. Attracta's Residence is a purpose-built nursing home that can accommodate up to 75 residents of low to maximum dependency. The centre provides care to residents over the age of 18 who have care needs related to aging or dementia. Care is provided on a long and short term basis and residents who require periods of palliative care are accommodated. Residents are accommodated in single and twin rooms.

The communal facilities include a large bright reception area, bright spacious dining rooms with additional seating overlooking the gardens, and a number of large day rooms that enable quiet time and group gatherings, a private family meeting room, a Chapel, a hairdressing salon as well as landscaped gardens overlooking the surrounding countryside. Car parking facilities are available for visitor use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	72

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 23 April 2026	08:30hrs to 16:30hrs	Celine Neary	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents living in St Attracta's Residence, were very happy and their rights were respected in how they spent their days. Residents who spoke with the inspector expressed their satisfaction with the staff, food, bedroom accommodation and services provided to them. Residents told the inspector that "they are kind to me", "they couldn't do more" and "I'm settled here".

Following a brief introductory meeting, the inspector walked through the centre and reviewed the premises and observed staff during their morning routines. The inspector met with many residents and spoke with a number of visitors. The premises were maintained to a high standard throughout and the new extension was in use, accommodating several residents. One resident told the inspector that the new extension is like a "five star hotel". The rooms were spacious and bright and decorated to a high standard. Residents could access the courtyard garden directly from their own bedrooms and were afforded great privacy.

Residents said it was a lovely place to live. They said the staff were kind and caring and there was no shortage of staff. Visitors shared the same feedback. They also said that their interactions with management and staff were positive. They were overwhelmingly positive about the care provided and the support their relatives received. They knew the new person in charge and reported that they and the management team were approachable and responsive to any questions or concerns they may have.

There was a relaxed atmosphere throughout the day of the inspection. It was apparent that residents engaged in a variety of activities throughout the day. The schedule included a range of one-to-one and group activities as well as planned outings in the local area, and it was evident that all residents who wished to participate were encouraged to do so. Residents had taken part in online meetings with a national nursing home support group and had the pleasure of speaking with residents in other nursing homes throughout Ireland. They were also facilitated to take part in virtual reality tours of national historical sites in Ireland, via virtual reality headsets. Residents told the inspector that this was "great fun" and that they "really enjoyed it". A local politician also came into the centre to meet with residents and discuss current topical issues, relating to older persons and services in Ireland.

The premises were well laid out for the benefit of the residents who lived there. Corridors were wide and had grab rails along the walls for residents to mobilise safely. The provider had reduced the occupancy of a number of twin-occupancy bedrooms, and some residents had chosen to move to new single-occupancy rooms, which were available in the new extension. Communal areas were spacious and well

lit. Furnishings and fittings were of a high standard and provided a comfortable and homely living environment for the residents.

Access to the outside garden areas were unrestricted, and the gardens were well laid out with safe pathways. They contained plants and items of interest for residents, as well as outside seating to enjoy during warmer weather.

The centre was exceptionally clean throughout, and housekeeping staff were knowledgeable within their roles. The inspector observed staff performing hand-hygiene appropriately, and access to hand-washing facilities was plentiful.

Residents' daily life was flexible, and for the most part they could choose how they spent their days. They had access to an independent advocate who attended the centre and facilitated residents' meetings. It was evident that residents were the focus of care provided in this centre and that they were consulted and involved in its operation.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of care and services provided for the residents. The findings are set out under each regulation.

Capacity and capability

This unannounced inspection was undertaken to inform the registration renewal application for St Attracta's Residence, to follow up on the actions from the previous inspection, and to review a new extension in operation.

The inspector found that the governance and management structure was clear, effective and well established. There were established systems in place to monitor the care and welfare of the residents. Clinical indicators were being monitored in areas such as wounds, pressure sores and diet and nutrition.

Staffing levels on the day of this inspection were adequate to meet the needs of the 72 residents accommodated in the centre during the day and at night. Observations of staff and residents' interactions confirmed that staff were aware of residents' needs, and were able to respond in an effective manner to meet those assessed needs. A review of the centre's rosters confirmed that staff numbers were in line with the staff structure as outlined in the designated centre's statement of purpose.

The training matrix and a sample of staff files reviewed, found that mandatory and other training was facilitated for staff appropriate to their various roles. Training relating to infection control, manual handling and fire safety, for example, was scheduled and facilitated. Supplementary training was also offered to staff, in areas such as responsive behaviour (how people living with dementia or other conditions

may communicate or express their physical discomfort, or discomfort with their social or physical environment), human rights, nutrition, personal care, hand hygiene, restrictive practices and end-of-life care.

Staff files reviewed contained the required paperwork, such as An Garda Síochána (police) vetting, references, employment history and registration details for nursing staff.

The registered provider maintained a policy and procedure regarding complaints. Records confirmed that the provider investigated complaints in line with this policy. The provider was keen to learn from complaints and, to identify patterns that may impact on the quality of the service provided through regular review at governance meetings.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of St Attracta's Residence. The specified documents were submitted and fees paid in accordance with regulatory requirements.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number and skill-mix of staff was appropriate to meet the needs of all residents, in accordance with the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were facilitated to attend up-to-date mandatory training, which included annual fire safety, safeguarding residents from abuse, infection prevention and control, and safe moving and handling procedures.

Staff were appropriately supervised according to their individual roles.

Judgment: Compliant

Regulation 21: Records

The records requested for review under Schedules 2, 3 and 4 were made available to the inspector. Those reviewed were compliant with the relevant legislative requirements.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability and demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through an established and maintained system of communication. Adequate resources were provided to support the care delivered to residents. There were clear systems in place for the oversight and monitoring of care and services provided for residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of residents' contracts of care were reviewed. All contained details of the services to provided, the fees for these services, and any additional fees. The terms relating to the bedroom of each resident were clearly set out, including the number of occupants of the bedroom. All contracts had been signed.

Judgment: Compliant

Regulation 31: Notification of incidents

Reports of incidents which were required to be notified to the office of the Chief Inspector of Social Services had been submitted in line with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had robust policies and procedures in place to manage complaints. There was a low level of complaints in this centre. The complaints procedure was displayed in the communal area of the centre.

A review of the complaints log found that the staff documented every dissatisfaction with the service and investigated each complaint. A plan was put in place to resolve issues to the satisfaction of the complainant. Each complaint was documented in line with the requirements under Regulation 34.

Judgment: Compliant

Quality and safety

Overall, residents living in the centre received a high standard of direct care and support, which ensured that they were safe and that they could enjoy a good quality of life. There was a person-centred approach to care, and residents' wellbeing and independence was promoted.

Residents' nutritional care needs were monitored. Residents' weights were monitored, and staff were familiar with the level of assistance each resident required during meal times. There were appropriate referral pathways in place for the assessment of residents identified as being at risk of malnutrition.

Appropriate arrangements were in place to ensure that when a resident was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure residents' safety.

This centre was exceptionally clean throughout, and housekeeping resources were in place seven days a week.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. A summary of residents' Personal Emergency Evacuation Plans (PEEP) was in place for staff to access in a timely manner in the event of a fire emergency. Fire drills were completed to ensure staff were knowledgeable and confident with regard to the safe evacuation of residents in the event of a fire emergency.

Residents attended independent advocacy meetings and contributed to the organisation of the service. Residents had meetings with the management team also

and were involved and informed about the service. Residents were free to exercise choice about how they spent their day.

The provider had adequate resources in place to ensure that residents engaged in activities that they enjoyed. Visitors were openly welcomed in the centre and residents were happy with the arrangements in place.

Residents were encouraged to give feedback about their care and services. The inspector found that the person in charge and the provider representative were available to residents and were seen chatting with residents and their visitors throughout the day of the inspection.

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.

Regulation 13: End of life

Where a resident was approaching their end of life, staff ensured that appropriate care and support were made available to the resident, to ensure they were comfortable, and that their needs and preferences were met. Families and friends were encouraged to visit and be with the resident at this time. Compassionate visiting was well managed in line with the current guidance.

Judgment: Compliant

Regulation 17: Premises

The provider ensured that the premises were appropriate to the number and needs of the residents, and were in accordance with Schedule 6 of the regulations, and in line with the centre's statement of purpose.

Residents were able to access safe outdoor areas as they wished.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored

for weight loss and were provided with access to dietetic services, when required. There were sufficient numbers of staff to assist residents at mealtimes.

Residents and their visitors had facilities available to make tea and coffee independently during their visit.

Judgment: Compliant

Regulation 20: Information for residents

The inspector found that information for residents was on display throughout the centre. This included a residents' guide, how to make a complaint, how to access independent advocacy services, and who to report a safeguarding concern to.

Residents spoken with said that they knew how to make a complaint, should they wish to do so, and they knew how and when they could avail of services such as the hairdresser and various activities and outings.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector saw evidence that all relevant information accompanied residents who were transferred out of the centre to another service, such as referral letters, including pertinent information regarding each residents' medical and nursing care needs.

Judgment: Compliant

Regulation 27: Infection control

The procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018). Staff were observed to practice good hand hygiene techniques. There were sufficient hand washing facilities available to staff, residents and visitors, throughout the centre. All areas of the centre including equipment, were observed to be very clean and all area's were clutter-free.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to protect residents from the risk of fire, including regular review and servicing of fire safety equipment.

There were arrangements in place to ensure that staff received suitable training in fire prevention and participated in regular fire drills.

All fire exits were unobstructed, and personal emergency evacuation plans, were in place for each resident. They accurately described their evacuation needs in the event of a fire emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe processes in place for the handling of medicines, including controlled drugs, which were in line with current professional guidelines and legislation. Staff followed appropriate medication management practices so that residents received their prescribed medications. There were procedures in place for the handling and disposal of unused and out-of-date medicines, including controlled drugs.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed on the day of inspection were person-centred and courteous. There was access to independent advocacy services on display in the centre.

Residents were provided with a varied and interesting range of activities each day. They also participated in regular outings to various locations in the community.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 9: Residents' rights	Compliant