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

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| Name of designated centre: | Stella Maris Nursing Home |
| Name of provider: | Stella Maris Residential Care Limited |
| Address of centre: | Cummer, Tuam, Galway |
| Type of inspection: | Unannounced |
| Date of inspection: | 10 April 2026 |
| Centre ID: | OSV-0000396 |
| Fieldwork ID: | MON-0050235 |

## About the designated centre

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

Stella Maris Nursing Home is purpose built centre located in a rural setting near Cummer in County Galway. The centre is registered to accommodate 43 residents over the age of 18 requiring 24-hour nursing care with a range of medical and social care needs. All resident areas are located on the ground floor. Office and storage areas are located on the first floor. Communal space includes a large central day room and several smaller sitting rooms. Bedroom accommodation comprises 21 two-bedded rooms and one single room. All bedrooms have en suite toilet and shower facilities. There is a driveway and walkway around the building and a number of small garden areas one of which is a safe enclosed area. Ample parking was available to the front of the building.

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

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| Number of residents on the date of inspection: | 41 |

## How we inspect

To prepare for this inspection the inspector or 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 |
|---|---|---|---|
| Friday 10 April 2026 | 10:15hrs to 18:30hrs | Leanne Crowe | Lead |

## What residents told us and what inspectors observed

The inspector found that Stella Maris Nursing Home was a well-run nursing home where residents' care needs were met to a good standard. The residents that spoke with the inspector praised the staff team, as well as the quality of food served and the centre's activity programme. One resident told the inspector, "they hold themselves to a high standard here, and they're always exceeding it".

Stella Maris Nursing Home is a two-storey nursing home which accommodates up to 43 residents in 21 twin bedrooms and one single bedroom. All of the residents' accommodation and communal facilities are located on the ground floor. On the day of the inspection, 41 residents were living in the centre.

This was an unannounced inspection that was carried out over one day. On arrival to the centre, the inspector was greeted by the person in charge. Following an introductory meeting with members of the management team, the inspector walked around the centre. Many residents were seated in the large day room as they participated in activities, while others were meeting with visitors or spending time in their bedrooms. Staff were providing assistance to residents in a prompt and discreet manner.

A varied programme of activities was available to residents on a daily basis, which were organised by dedicated activity staff. On the day of the inspection, residents enjoyed pet therapy, an exercise class and live music. Staff were seen to encourage residents to engage with these activities, in line with their own capacities and capabilities. Activity staff also carried out activities with residents on a one-to-one basis, such as room visits, puzzles and chats. Residents were very complimentary of the activities programme, telling the inspector that "there is always something to do" and "we're spoilt for choice".

Residents' dining experiences were observed to be social and relaxed occasions. Catering staff confirmed that the food was freshly-prepared in the nursing home each day. The inspector observed that the food was well-presented and served promptly to residents, in line with their preferences and assessed needs. Residents who required supervision or assistance during their meals were supported in a respectful and unhurried manner. Apart from main meals, residents were served a variety of snacks and drinks throughout the day. Residents spoke positively about the food, saying "it was absolutely delicious" and "I always enjoy it". Catering staff demonstrated an initiative to support people in choosing their meals each day, whereby photos of the meals prepared were shown to residents as they were ordering from the menu.

Staff were observed interacting with residents in a warm and friendly manner as they provided care and assistance. It was clear that staff knew the residents and their personal preferences well. Residents confirmed that staff were very attentive

and respectful as they provided care. One resident told the inspector "I don't know what I would do without them".

Visitors were observed coming and going to the centre on the day of inspection, and were welcomed by staff. The inspector spoke with a number of visitors who were very satisfied with the care provided to their loved ones.

A number of residents who spoke with the inspector expressed confidence that if they wished to make a complaint, it would be addressed promptly by the management team.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements that were in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered to residents.

## Capacity and capability

The findings of this inspection were that the provider had a well-established and effective management structure, which ensured that good quality, person-centred care was provided to the residents in Stella Maris Nursing Home.

This was a one day unannounced inspection, carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on solicited received by the Chief Inspector of Social Services since the last inspection.

The inspector also followed up on the actions the provider had committed to take in a compliance plan, which was submitted following a previous inspection in April 2025. The inspector found that all actions set out in registered provider's response had been completed.

The registered provider of Stella Maris Nursing Home is Stella Maris Residential Care Limited. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. The person representing the registered provider attended the centre multiple times per week. They supported the person in charge, who had recently commenced in their role. The person in charge was supported by an assistant director of nursing (ADON), a clinical nurse manager (CNM) and a team of nurses, healthcare assistants, catering, housekeeping, laundry, activities, administrative and maintenance staff. The ADON was in a full-time supervisory role, and the CNM had dedicated supervisory hours each week.

There were systems in place to monitor the quality and safety of the service. A programme of clinical and operational audits was completed by the management team. These evaluated aspects of the service, including infection prevention and

control, falls management and restrictive practices. The results of these audits were analysed and informed the development of quality improvement plans. There was evidence that progress with completing these actions was reviewed regularly.

Meetings between the management team were held on a regular basis to review the service and to identify and monitor aspects of the service that required improvement. Meetings with staff also took place frequently to ensure that key information was communicated effectively. Records of these various meetings were maintained by the management team and were available for review.

On the day of the inspection, the staffing levels and skill-mix were observed to be appropriate to meet the assessed health and social care needs of the residents accommodated in the centre. Rosters were available for review and reflected the configuration of staff on duty on the day of the inspection. The provider confirmed that staffing levels were reviewed regularly to ensure they were appropriate.

All staff were facilitated to attend training appropriate to their role, such as fire safety, moving and handling procedures and safeguarding of vulnerable people. Additional training was also provided in areas such as dementia care and cardiopulmonary resuscitation (CPR).

The centre had a complaints policy and procedure which described the process of raising a complaint or a concern. A record of complaints was maintained, which demonstrated that complaints were managed promptly and were comprehensively resolved.

## Regulation 15: Staffing

On the day of the inspection, the number and skill mix of staff was 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

All staff were up-to-date with training in moving and handling procedures, fire safety and the safeguarding of residents from abuse. A range of other training was available to staff to ensure their knowledge and skills were maintained or enhanced, as needed.

There were arrangements in place to ensure that staff were appropriately supervised, according to their individual roles.

Judgment: Compliant

## Regulation 19: Directory of residents

The registered provider maintained a directory of residents for the designated centre. This contained all of the information required by Schedule 3 of the regulations.

Judgment: Compliant

## Regulation 22: Insurance

There was an up-to-date insurance policy in place which covered residents' belongings and injury to residents.

Judgment: Compliant

## Regulation 23: Governance and management

The centre's management systems effectively monitored the quality and safety of the service. The provider had established a clearly defined management structure that identified the lines of authority and accountability. The centre was sufficiently resourced to ensure the delivery of care, in accordance with the centre's statement of purpose.

The provider had completed an annual review of the quality and safety of care provided to residents in 2025.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

The inspector reviewed a sample of contracts of care between residents and the registered provider. Each contract set out the terms and conditions of the service, the details of their accommodation, and any fees that may be incurred. Each contract had been signed by the resident or their representative.

Judgment: Compliant

## Regulation 34: Complaints procedure

A review of the complaints log found that complaints were managed and responded to, in line with the regulatory requirements.

Judgment: Compliant

## Quality and safety

The inspector found that the management team and staff promoted a human rights-based approach to care and support for residents living in the centre. Residents' rights and choices were upheld, and their independence was promoted.

The inspector reviewed a sample of residents' care records. In the past year, the provider had transferred the care documentation from a paper-based system to an electronic documentation system. The inspector found that residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission to the centre, a range of validated clinical assessment tools were used to identify potential risks to residents such as poor mobility, impaired skin integrity and risk of malnutrition. The outcomes of assessments were used to develop a care plan for each resident 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. Care plans reviewed were observed to be person-centred and sufficiently detailed to guide the delivery of care.

Residents had access to medical assessments and treatment through their General Practitioner (GP). Residents also had access to a range of health and social care professionals such as a physiotherapist, a dietitian, psychiatry of later life and palliative care. Records evidenced that the recommendations of health and social care professionals were implemented and reviewed to ensure the best outcomes for residents.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received care and support in line with their individual needs.

A restraint-free environment was promoted in the centre, in line with local and

national policy. Each resident had a risk assessment completed prior to any use of restrictive practices. Arrangements were in place to ensure residents were appropriately assessed prior to initiating the use of restrictive practices. Any implementation of restraint was informed by appropriate assessments and was subject to regular review.

A safeguarding policy and procedures were in place to protect residents from the risk of abuse. Staff completed regular safeguarding training, and demonstrated an appropriate understanding of their responsibilities in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Residents' rights and choices were respected and upheld, and their independence was promoted. Residents were supported to access advocacy services as needed. Residents were free to exercise choice in how to spend their day. 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.

There were opportunities for the residents to provide feedback on the quality of the service. Resident meetings were held on a regular basis and a survey had been carried out with residents and their representatives in January 2026, the findings of which had been compiled in a report. This report identified a high level of satisfaction with the service provided. There was evidence that feedback from residents' meetings or surveys were were used to inform quality improvement initiatives.

The food served to residents was freshly prepared and cooked each day by the centre's catering team. A choice of meals was available to all residents at each meal, as well as a variety of snacks and drinks throughout the day. Residents were encouraged to eat independently but there were also sufficient staff available to support residents who required assistance.

The provider had good oversight of fire safety and had taken adequate precautions against the risk of fire throughout the centre. The fire alarm system, emergency lighting system and fire fighting equipment were serviced at the appropriate intervals. The registered provider maintained records of daily, weekly and monthly checks in relation to aspects of fire safety including means of escape and tests of the alarm system. Residents' personal emergency evacuation plans (PEEPs) identified the different evacuation methods applicable to individual residents for day and night evacuations. Evacuation drills took place on a regular basis throughout the centre. Records of these were comprehensive and highlighted any areas of improvement that were identified. At the time of the inspection, the provider was in the process of upgrading a number of fire doors throughout the centre.

## Regulation 18: Food and nutrition

Residents were provided with a varied and nutritious diet. Residents' special dietary requirements were effectively communicated to catering staff and dishes were

prepared in accordance with residents' individual preferences and assessed needs. Drinks, snacks and other refreshments were available at all times.

There was sufficient staff available to discreetly provide assistance to residents, as needed.

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. Staff completed training in fire safety on an annual basis.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Residents' needs were assessed within 48 hours of admission to the centre, and regularly thereafter. These informed the development of comprehensive care plans which were person-centred and reflected residents' individual needs. Care plans were reviewed and updated regularly, in consultation with the resident and their representatives, as appropriate.

Judgment: Compliant

## Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their choice of GP. There were also arrangements in place to ensure residents had access to appropriate health and social care professional support to meet their needs.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

There were systems in place to ensure that staff were appropriately skilled to support residents with responsive behaviours. Residents who experienced

responsive behaviours had appropriate assessments completed. These informed the development of person-centred care plans that detailed the supports and interventions to be implemented by staff.

The implementation of restrictive practices was informed by risk assessments, which were reviewed regularly.

Judgment: Compliant

## Regulation 8: Protection

A policy and procedure for safeguarding vulnerable adults at risk of abuse was in place. Staff had completed up-to-date safeguarding training and were knowledgeable of the processes in place.

The provider did not act as a pension agent for any residents living in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected by staff. There were arrangements in place to ensure that residents' privacy and dignity was maintained at all times.

Residents had opportunities to participate in meaningful activities, in line with their interests and capacities. Residents were supported to access advocacy services, if they so wished.

Judgment: Compliant

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

| Regulation Title | Judgment |
|---|---|
| **What residents told us and what inspectors observed** | |
| **Capacity and capability** | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| **Quality and safety** | |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 28: Fire precautions | 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 |