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:	Maria Goretti Nursing Home
Name of provider:	Maria Goretti NH Partnership
Address of centre:	Proonts, Kilmallock, Limerick
Type of inspection:	Unannounced
Date of inspection:	19 March 2026
Centre ID:	OSV-0000417
Fieldwork ID:	MON-0049744

About the designated centre

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

Maria Goretti Nursing Home is situated on a large site in the countryside with a view of the Ballyhoura Mountain range on the outskirts of Kilmallock town. The centre is a single-storey building which is registered for 57 residential places. The building is operating as a nursing home since 2000 with an extension added in 2004. Bedroom accommodation comprises 24 single rooms (2 of which are apartments), 8 twin bedded rooms, 2 four bedded rooms and 3 Triple rooms, all of which are fitted with a nurse call bell system and Saorview digital TV.Two of the rooms are described as apartments and comprise a single bedroom with en-suite facilities, a kitchenette and a sitting room. All of the bedrooms have en-suite with shower, toilet and wash hand basin facilities. Maria Goretti Nursing Home is committed to providing a high level of holistic person centred evidence based care in a dignified and respectful manner for each resident and endeavours to foster a homely environment with emphasis on promoting independence, choice and privacy for all the residents who reside in the centre. The centre can accommodate both female and male residents with the following care needs: general long term care, palliative care, convalescent care and respite care. All admissions to Maria Goretti Nursing Home will be planned following a pre-admission assessment. The residents care plan will be commenced within 48 hours of admission. There is 24 hour nursing care. The following are some of the allied health services available: physiotherapy, occupational therapy, wound care advice, chiropody, dietician and more. The centre employs an activities coordinator to arrange a programme of activities in collaboration with the person in charge and in accordance with the preferences and needs of residents. Maria Goretti Nursing Home is a multi-denominational care centre. The local catholic parish priests celebrate Mass in the centre every Friday. We operate an open visiting policy within Maria Goretti Nursing Home. To protect our residents we ask that all visitors sign in and out on entering and leaving and wait at the nurse's station to enable staff to announce their arrival and partake in precautionary infection control measures as appropriate.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48

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 19 March 2026	10:00hrs to 18:00hrs	Sean Ryan	Lead
Thursday 19 March 2026	10:00hrs to 18:00hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

Residents living in Maria Goretti Nursing Home spoke about their experience and described the centre as a comfortable place where they felt at home. Residents said they were familiar with staff and felt safe in their care. Some residents commented that the day could feel long, particularly when spending extended periods in the communal day room. However, they said that visits from family and interactions with staff helped to keep them engaged. Residents expressed satisfaction with the care provided and said they were happy with their access to health care services.

This unannounced risk inspection was carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). Inspectors also reviewed the providers previously submitted compliance plans.

Inspectors arrived at the centre unannounced and were met by the person in charge. Following a brief introduction, inspectors completed a walk-through of the centre. During this time, inspectors reviewed the premises, the care environment, and observed interactions between staff and residents.

Following a walk-through of the centre, inspectors met with the person in charge and held an introductory meeting. During this meeting, inspectors discussed the service provided within the centre, including the number of residents accommodated and the range of care needs supported by the service. Following this, inspectors met with residents and spoke with them in detail about their experience of living in the centre.

Residents told inspectors that the staff were kind and caring, and how being familiar with some of the staff from the local area had helped them feel more comfortable and at ease. Residents spoke about their daily routines and said that staff supported them to get up in the morning and attend communal areas, where activities took place during the day. Some residents said they spent most of their day in the communal day room and enjoyed observing the activity within the centre. However, a small number commented that the days could feel long at times. While activities were regularly taking place, residents said that they did not always participate as the activities were not always of interest to them. For example, some residents noted that while art therapy sessions were ongoing, there were limited alternative options available for others during that time. Residents also spoke positively about access to health care services and said that a general practitioner (GP) visited regularly. They reported that if they had any medical concerns, staff would arrange for them to be reviewed by their GP.

The interactions between staff and residents were consistently kind and respectful. Staff were seen to engage warmly with residents, and respond promptly to requests for assistance. Staff were generally knowledgeable about residents' individual needs

and preferences in relation to their daily routines, including preferred times for getting up, the level of assistance required, and their likes and dislikes in relation to nutrition. However, it was noted that staff did not always have detailed knowledge of residents' specific care needs, nor were they kept informed of recent changes to residents mobility or supervision needs.

Inspectors observed that the overall standard of environmental hygiene within the centre was not consistent in all areas. While the cleaning of some areas was taking place, a number of areas were found not to be clean to an acceptable standard. This included residents' bedrooms, en-suite and communal bathroom facilities, storage areas and parts of the dining room. Some bathroom and shower areas were observed to be malodorous, and had a visible build-up of residue and debris in shower drains and on surfaces. In addition, flooring in some shower areas was observed to be worn and difficult to clean. Inspectors also observed that infection prevention and control practices were not consistently implemented.

Although multi-occupancy bedrooms were large and spacious, the bedrooms were not laid out in a way that ensured residents had adequate personal space, privacy, or appropriate storage for their belongings. Storage areas were not clearly defined or kept in a way that allowed residents to keep their possessions close to them. Inspectors observed one resident's clothing and personal items stored across multiple storage spaces, including those assigned to other residents.

Inspectors observed the lunchtime dining experience within the centre. Residents were offered a choice of meal options, and a small number of residents attended the dining room, where a more social dining experience was evident. However, a significant number of residents remained in the communal day room to receive their meals, which were served on trays at their seats. Staff informed inspectors that these residents required assistance with their meals or were not independently mobile and therefore, did not attend the dining room. In one instance, a resident who was observed to be sitting up and eating independently was not facilitated to attend the dining room. Staff advised that the resident required the assistance of two staff members to mobilise. While the dining room provided an opportunity for social engagement, this was not reflected in the day room setting. Residents in the day room were seated around the perimeter of the room, with limited interaction observed between them during the meal. The layout and arrangements in place did not support a social dining experience for residents who remained in this area, and the overall mealtime experience in the day room was observed to be more task-focused than social in nature.

Some residents remained in their bedrooms throughout the day, where staff attended to them and meals were served. However, the level of supervision in these areas appeared more limited in comparison to the communal day room. For example, some residents required encouragement with their fluid intake and, while fluids were provided, they were observed to remain untouched at various times during the day.

Visitors were observed coming and going throughout the day, spending time with residents in a relaxed and unhurried manner. These interactions appeared to be welcomed and enjoyed by residents.

Residents in the communal day room were observed to have some opportunities for engagement and activities throughout the day. However, there were periods during the inspection where there was limited staff presence in the day room and residents were not actively supervised or engaged. At times, a number of staff were observed in the staff room while residents remained in the communal area without active interaction. On some occasions, a staff member was present in the room but was not observed to engage with residents, resulting in limited social interaction during these periods. Some residents told the inspector that their routine involved getting up, spending most of the day in the day room and returning to bed in the evening, and that this routine could feel long at times.

The following sections of this report details the findings with regard to the capacity and capability of the provider, and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

The findings of this inspection were that the oversight of the service was not fully effective to ensure compliance with the regulations. A deterioration in compliance was identified since the previous inspections, with compliance plans not fully implemented, not sustained or not effective in addressing identified issues. This inspection also found that the premises and environmental hygiene were not managed or maintained to a standard that protected residents from the risk of infection, and that the management of residents' nutritional care, particularly those at risk, was not effective. As a result of these findings, an urgent compliance plan request was issued to the provider following this inspection. The providers response to the urgent compliance plan provided assurance that the risks identified had been addressed.

Maria Goretti NH Partnership, comprised of four partners, is the registered provider of this centre. One partner represented the provider in engagement with the Chief Inspector and was actively involved in the governance of the service. The provider representative attended the centre on a weekly basis and provided governance and support to the person in charge and nurse management team.

The management structure within the centre remained unchanged since the previous inspection. The person in charge had overall responsibility for the day-to-day governance and management of the service. They were supported by an assistant director of nursing and a team of nursing staff and health care assistant staff. Ancillary staff were also in place to support catering, housekeeping and laundry services. The person in charge delegated responsibility for monitoring key

aspects of the service to the assistant director of nursing, including rostering of staff and elements of auditing the quality of the service. The person in charge also maintained oversight of the service through their own auditing activities, with responsibility for specific areas shared between roles.

A schedule of audits was in place to monitor and evaluate the quality and safety of the service. Audits were in place in relation to care plan documentation, records, nutrition and various aspects of infection prevention and control, including hand hygiene practices and the facilities available to support effective infection control. Inspectors reviewed a sample of audits completed since January 2026, including audits in relation to infection prevention and control, and food and nutrition. These audits indicated high levels of compliance and did not effectively identify deficits in the quality and safety of the service. For example, a review of infection prevention and control audits completed since July 2025 found that the standard of environmental hygiene in all areas of the centre was not appropriately assessed. Consequently, issues were not identified through the audit process and appropriate quality improvement actions could not be developed.

Systems were in place to monitor aspects of quality and safety of the service. There was monitoring of key clinical performance indicators, including falls and incidents, medication management, and residents weight-loss. However, inspectors found that some of these monitoring arrangements were not fully effective, as they failed to identify that the recording and monitoring of some residents' weights had not been completed, particularly for residents who required increased monitoring of their weight, as part of their weight management plan.

Communication arrangements within the centre included daily structured handovers between nursing staff to support the sharing of information relevant to the provision of person-centred care to residents. However, inspectors found that these arrangements were not consistently effective in ensuring that information was communicated across all levels of the staff team. In particular, updates relating to residents' care needs were not always shared from senior management to relevant staff. For example, changes to residents' nutritional care needs following expert assessment by health care professionals were not consistently communicated to staff responsible for delivering care. In addition, where residents required referral for further expert assessment, staff were not always kept informed of the status of these referrals, including whether they had been made, completed, or required follow-up.

Records within the centre were maintained through electronic and paper-based systems. Staff personnel files were appropriately maintained and contained the information required under Schedule 2 of the regulations. Records relating to residents' finances and valuables were well-organised and appropriately maintained. However, records relating to specialist care and treatment provided to residents were not consistently maintained, in line with regulatory requirements. This included records of medical referrals, and detailed records in relation to charges for services to residents.

There was a system in place to record accidents and incidents, including those involving residents, with procedures for their investigation and for notifying the Chief Inspector of notifiable events, where required.

The centre had an effective complaints management system in place, which was underpinned by a policy and clear procedures that identified the personnel responsible for the management of complaints. Records reviewed showed that all complaints, both formal and informal, were documented and managed in line with the time-frame set out in the regulations.

Staffing levels within the centre were generally sufficient to meet the needs of residents, and staff were observed to be attentive to residents requests for assistance.

A training and development plan was in place to support staff in carrying out their roles. This included training in fire safety, safeguarding of vulnerable people, manual handling, as well as completion of modules on infection prevention and control. Inspectors observed that manual handling practices were carried out in a manner that was consistent with residents' assessed mobility and transfer needs. Staff spoken with also demonstrated an appropriate level of knowledge and awareness in relation to safeguarding.

A planned allocation and supervision structure was in place within the centre, which included oversight by nurse managers, of nursing, health care, and support staff. However, inspectors found that these arrangements were not consistently implemented in practice. As a result, staff were not always appropriately supervised to carry out their roles and responsibilities, which impacted on the coordination and supervision of care and the implementation of effective infection prevention and control practices.

Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to meet the assessed needs of residents, in line with the statement of purpose. There was sufficient nursing staff on duty at all times, and they were supported by a team of health care and activities staff. The staffing complement also included catering, laundry, administrative and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff supervision arrangements were not appropriate to protect and promote the care and welfare of all residents. This was evidenced by;

- Poor supervision of staff to ensure residents received care and support in line with their assessed nutritional care needs.
- Inadequate supervision of staff allocated to the cleaning process in the centre, and infection prevention and control practices.
- Poor oversight of the residents' referrals to health care professionals and clinical documentation to ensure the assessment and care planning were accurate and up-to-date to reflect the current care needs of the residents.

Judgment: Not compliant

Regulation 21: Records

A review of the management of records found that records were not fully in line with the requirements of the regulations. For example;

- Records of specialist treatment and nursing care provided to residents were not maintained in line with the requirements of Schedule 3(4)(b). For example, records of nutritional care, repositioning charts, and wound care provided to residents at high risk of impaired skin integrity, were incomplete.
- Residents were not provided with an itemised record of charges, including any additional amounts payable for services not covered by the standard fee, in line with the requirements of Schedule 4(4).

Judgment: Substantially compliant

Regulation 23: Governance and management

While there was an established management structure in place within the centre, the roles and responsibilities of the management team were not clear. For example, responsibility for the oversight and monitoring of key aspects of the service were not clear. This included the oversight of the quality of environmental hygiene and infection prevention and control, residents' nutritional care and monitoring, oversight of residents health care needs, and the quality of clinical records.

Governance and management systems were not effectively implemented to ensure the service provided to residents was effectively monitored. This was evidenced by;

- Ineffective systems to ensure key clinical information regarding residents care needs were effectively communicated to staff. Staff did not have access to accurate information about residents' individual nursing and care needs. This

included information relating to residents' nutritional care, health care needs and infection status.

- Poor oversight of nursing documentation. A review of the quality of resident's care plans found that care plans were not always based on the assessment of residents' needs or risks. Care plans, particularly those relating to residents at high risk of malnutrition and falls, were not based on a comprehensive assessment, and did not reflect the current care needs of the residents. Therefore, care plans lacked the required detail to ensure residents received safe and effective person-centred care.
- There were ineffective systems in place to ensure timely and appropriate referral to medical and health care services.
- Poor systems in place to support effective infection prevention and control. This included ineffective monitoring of infection prevention and control practices and the absence of a comprehensive environmental hygiene auditing and monitoring system.

In addition, compliance plans submitted following previous inspections of the centre were either not fully implemented, were incomplete, or were ineffective in bringing the centre into regulatory compliance. This was evidenced by repeated findings in relation to the supervision of staff, environmental hygiene and infection control practices, the quality of residents' care plans, and governance and management oversight of the service.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents were appropriately notified to the Chief Inspector, within the required time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the process for making a complaint and the personnel involved in the management of complaints. A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant, and the satisfaction of the complainant was recorded.

Judgment: Compliant

Quality and safety

Inspectors found that residents generally appeared comfortable in the centre and, where possible, residents expressed satisfaction with aspects of the care and support provided to them. Residents spoke positively about feeling safe and about their access to general practitioner services. However, inspectors found that monitoring arrangements within the centre were not consistently effective, and this impacted on the quality and safety of care in a number of areas, including infection prevention and control, residents' nutritional care, access to further expert assessment and residents' rights. Due to the findings identified in relation to infection prevention and control (IPC) and residents' nutritional care, an urgent compliance plan was issued to the provider following the inspection. The plan was accepted by the Chief Inspector.

A review of residents' food and nutrition found that the food provided was wholesome and nutritious. Staff were available to assist and supervise residents in both the dining room and communal day room. Residents who required a modified consistency diet were observed to receive these, in line with their assessed needs and care plan. However, residents who had been assessed by health care professionals as requiring therapeutic diets, including high-protein and high-calorie diets to manage their weight, were not receiving diets in line with these recommendations. In addition, inspectors found that recommendations made by a dietitian were not effectively communicated to relevant staff or incorporated into residents' care plans. This included recommendations relating to changes in residents' therapeutic diets and the monitoring of their weight. As a result, staff were not always aware of the required interventions, and residents' weight loss was not managed in line with specialist advice.

Inspectors found that the standard of environmental hygiene and cleanliness within the centre was poor. This was evidenced by unclean conditions in a number of areas used by residents and staff, and by cleaning practices that were not effective in maintaining an acceptable standard of hygiene throughout the day. In addition, the management of residents equipment and the implementation of infection prevention and control practices, including hand hygiene and the use of personal protective equipment (PPE) equipment, did not fully ensure that residents were adequately protected from the risk of cross infection.

All residents had a care plan in place, and pre-admission assessments were completed to ensure that the service could meet the needs of residents prior to admission. On admission, care plans were developed and informed by a range of validated assessment tools, including assessments of residents' risk of impaired skin integrity, falls risk, nutritional needs, and their dependency and manual handling requirements. However, inspectors found that care plans did not always reflect residents' individual assessed needs and were not consistently updated to reflect changes in residents' condition.

Residents were provided with access to general practitioner (GP) services, as required or requested. Arrangements were also in place for the referral of residents for further expert assessment and review by health care professionals, when clinically indicated. This included dietetic services, speech and language therapists, tissue viability nursing expertise, physiotherapy and occupational therapy. However, inspectors found that referrals for further specialist assessment and the implementation of recommendations arising from these assessments were not consistently implemented. In addition, there was no clear record of whether referrals had been completed, whether recommendations had been received from health care professionals, and whether these had been implemented. In addition, recommendations from allied health professionals that had had been implemented were not appropriately reviewed. For example, a resident, who had been assessed by an occupational therapist and provided with a specialised chair, was not re-referred for further review when they experienced discomfort following its provision.

Inspectors reviewed the bedroom accommodation provided and found that, in the majority of rooms, residents had appropriate facilities, including a wardrobe and bedside locker, which were generally well-maintained. However, in multi-occupancy bedrooms, while measures had previously been implemented to ensure residents had clearly defined personal space and storage, these arrangements were not consistently maintained. As a result, storage areas were not well-organised, and residents personnel possessions were not always kept within their own designated storage areas. Items of clothing and topical creams were stored in lockers and wardrobes that did not belong to the respective residents.

The safeguarding and protection of residents was underpinned by policies and procedures that were known to staff within the centre. Staff had received appropriate training in safeguarding and protection. Residents who spoke with inspectors confirmed that they felt safe living in the centre and said they could raise any concerns with staff.

Residents were provided with opportunities to participate in activities and recreation in accordance with their interests and capacities, and a programme of activities was available within the centre. However, inspectors found that residents were not always supported to exercise choice in all aspects of their daily lives, particularly in relation to mealtimes.

Visiting arrangements within the centre were unrestricted, and visitors were seen coming and going throughout the day. Visitors were observed spending time with residents, engaging with them in activities and conversation, and staff were seen to greet and welcome visitors to the centre.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

Regulation 12: Personal possessions

The configuration and management of storage in multi-occupancy bedrooms did not support residents to keep their belongings close to them or within clearly defined personal spaces. In four-bedded rooms, residents clothing and personal items were found stored across multiple areas, including spaces used by other residents. This meant that residents did not retain full control over their possessions.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There was a failure to deliver food and nutrition to residents in line with regulatory requirements. This was evidenced by;

- The dietary needs of some residents, as prescribed and planned, was not met. A number of residents had lost significant weight in the centre over the past three to six months, and had not been identified as residents who were at risk of malnutrition.
- Inspectors found that residents who had been assessed by health care professionals as requiring therapeutic diets tailored to their specific medication conditions, including high-protein and high-calorie diets to manage their weight, were not receiving diets in line with these recommendations.
- Monitoring of residents nutritional status was not carried out in line with dietetic recommendations. Where residents had been assessed and prescribed regular monitoring including monthly weight checks and review of nutritional intake, this was not consistently implemented. A review of records found significant gaps in monitoring, with intervals of up to two to three months where no weight had been recorded.

Due to the level of risk to residents identified under this regulation, an urgent compliance plan was requested from the provider following the inspection. The response received provided assurance that the risks identified had been addressed.

Judgment: Not compliant

Regulation 27: Infection control

The provider did not met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018). For example;

- A poor standard of hygiene and overall cleanliness was identified in areas of the centre. This included the dining room, residents' bedrooms and en-suite facilities, communal bathroom facilities, corridors and ancillary storage areas. These areas were observed to be visibly unclean, with a number of areas noted to be malodorous, and equipment observed to be stained and dirty. Areas that had been confirmed as cleaned, remained visibly unclean, with a build-up of dirt and debris observed in corners and behind doors, indicating that cleaning practices were not effective.
- Cleaning equipment, including cleaning trolleys, were observed to be visibly unclean. Waste bins in use throughout the centre were also not consistently maintained in a clean condition.
- There were multiple aspects of the premises and equipment that did not support effective infection control. This included items of furniture and equipment, which were damaged and rusted and could be not be effectively cleaned. In addition, some floor coverings were damaged and worn, which further impacted the ability to maintain these areas in a clean condition.
- Equipment used in residents' care was not managed in a manner that supported effective infection prevention and control. For example, nebulisers and masks were visibly unclean and were inappropriately stored, including being placed on the floor or on top of residents' bins within bedrooms. This practice presented a risk of contamination and infection transmission.
- Poor practice was observed in relation to the care and management of some residents identified as having a multi-drug resistant organisms (MDRO) and those who were symptomatic. Staff were observed entering residents' rooms and providing care without the use of appropriate personal protective equipment (PPE) and did not consistently perform hand hygiene, in line with best practice. This lack of knowledge and adherence to IPC procedures placed residents at risk of cross-infection.
- There was a limited number of dedicated clinical hand wash sinks in the centre, and the sinks in the resident's rooms and en-suite bathrooms were dual purpose used by residents and staff. A small number of staff told the inspector that water used for washing residents was emptied down sinks in resident bedrooms after assisting residents with personal hygiene. This practice increased the risk of environmental contamination and cross infection.

Due to the level of risk to residents identified under this regulation, an urgent compliance plan was requested from the provider following the inspection. The response received provided assurance that the risks identified had been addressed.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of a sample of resident's assessment and care plans found that they were not in line with the requirements of the regulations. For example;

- Residents needs were not always met in line with their individual assessments and care plans. For example, two residents whose care plans identified the needs for dentures to support eating, and hearing aids to support communication, did not have consistent access to or use of these aids. In addition, there oral hygiene needs were not attended to in accordance with their care plans.
- Residents did not have a comprehensive assessment of their needs completed. For example, some residents who had experienced significant weight loss did not have a comprehensive assessment of their nutritional risk completed. Consequently, the care plans did not detail the interventions necessary to support residents with their nutritional care needs.
- Residents assessed as being at high risk of falls did not have an appropriate fall management plan developed following an increase in fall incidents and changes in their mobility care needs. Consequently, staff did not have clear guidance from the care plan on the interventions necessary to manage the risk.

Judgment: Not compliant

Regulation 6: Health care

The provider had not ensured that appropriate medical and health care including a high standard of evidenced-based nursing care in accordance with professional guidance, was provided to all residents. This was evidenced by;

- A resident had been identified, through assessment, as requiring referral for further specialist hearing assessment due to hearing impairment. However, staff were not aware of the status of this referral and it could not be established whether the referral had been progressed.
- A resident who had been provided with specialised seating following expert assessment had not been re-referred for further review or follow-up assessment, in line with the recommendations of the assessing professional, when the equipment was found to be unsuitable to meet their needs.
- Some residents who experienced sustained weight-loss were not appropriately referred for further expert assessment and intervention to support the management of their weight and nutritional needs.

Judgment: Not compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect residents from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

The provider had arrangements in place to ensure residents pensions and social welfare payments were managed in line with best practice guidance.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were not always supported to exercise choice in relation to how they spent their day. Some residents told the inspectors that, once they came to the day room, they remained there until they were assisted back to bed in the evening. Inspectors also observed that a significant number of residents were served their meals in the day room. Inspectors were informed that attendance in the dining room was generally limited to residents who were independently mobile and could eat their meals without staff assistance. This did not support all residents to exercise choice in relation to their daily routine and dining experience.

Not all residents were supported to participate in activities in line with their interests and capacities. In particular, residents who remained in their bedrooms and did not attend communal areas were observed to have limited or no opportunities for social engagement throughout the day.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Maria Goretti Nursing Home OSV-0000417

Inspection ID: MON-0049744

Date of inspection: 19/03/2026

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The PIC and ADON/IPC Lead person will take full responsibility for monitoring adherence to IPC practices and IPC policy. • Daily checks of the cleanliness of the centre will be carried out by the PIC or ADON. Same will be documented and immediate remedial action taken in accordance with findings of the checks. • All staff have completed on site IPC refresher training provided by an external provider. This will include caring for residents with MDROs. • Daily staff safety pauses at handovers are carried out to reinforce IPC practices, hand hygiene, appropriate use of PPE including residents' infection status requiring IPC standard precautions. • A clear escalation pathway for any resident identified at risk of malnutrition through referrals to dietician and GP are completed by both professionals. Support plan have been formulated to ensure effective monitoring of residents who are at risk of malnutrition which includes GP input, dietetic services input, weight monitoring, intake chart, prescribed supplements if applicable along with review schedule. The PIC and ADON will ensure that audits are completed. • Recommendations are documented in relevant section of resident's care plans and immediately communicated by the lead nurse in charge on the day to all staff. • Weekly meeting with PIC/ADON and Chef have commenced and minutes are available to be read and signed by catering staff. • Strict adherence to therapeutic diets has been recorded in care plans. • Staff training in nutrition and hydration for all nursing staff and HCA's has been completed. • Staff meetings were convened post inspection and the PIC highlighted the importance of accurate recordings of weight and MUST assessments. • The provider has sourced dietician services to come to nursing home on a regular basis and these services commenced in early April and are ongoing on a monthly basis.	

Food and nutrition standing item on agenda for all staff meetings. This will also be discussed as part of staff appraisals.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:

A full review of all resident careplans is currently being completed by PIC and ADON to ensure specialist treatments and nursing care requirements are relevant and up to date with their current status.

Extra admin resources will be sourced to facilitate all residents receiving an itemized monthly bill.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Enhanced communication systems have been introduced in the nursing home to ensure key clinical information is communicated to all staff. A safety pause occurs every shift to communicate any changes in residents infection status and care needs and a nursing communication book has been introduced in the nurses station for continuity of care. All dietician referrals are now dealt with in house as dietician services have been obtained. From this the dietician will document all recommendations into the residents allied health notes on the day of review and this will alert the staff nurses that changes have been made. IPC training including the topic of MDRO's has occurred for all staff to familiarise themselves with current practices surrounding same.

Immediate review of all the resident's nutritional status using the MUST tool was completed post inspection. A risk assessment has been completed for all residents who are identified as being at risk of malnutrition. All the identified residents were referred to the dietician and seen by GP for review. All residents care plans were updated. Close monitoring of all residents who have been identified as being at risk of malnutrition with

a MUST greater than two with weekly weights being completed and documented and reviewed by GP if any additional weight loss is noted. Monthly weight reviews of all residents is being completed as per policy and the PIC will monitor that these are completed and documented on a monthly basis. Monthly audits of all residents' nutrition and hydration care plans are being completed by lead person
All residents who are high risk of falls have a risk assessment in place and control measures documented into careplan.

A comprehensive deep clean of the entire centre was completed post inspection. An IPC lead person has been appointed by the Provider Nominee, the IPC lead person is the ADON and reports directly to the PIC. Their roles include overseeing of all IPC practices, continued implementation and adherence to the IPC policy, completion of IPC audits and implementation of actions plans, sharing relevant evidence-based information with the frontline team in staff meetings and being designated point of contact for all staff in relation to IPC

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

Larger sized wardrobes will be purchased and designated to residents in the four bedded rooms. To be completed by 30/06/2026

Regulation 18: Food and nutrition	Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

Immediate review of all the resident's nutritional status using the MUST tool has been completed. A risk assessment has been completed for all residents who are identified as being at risk of malnutrition. All the identified residents were referred to the dietician and seen by GP for review. These has been documented in their care plans and risk register. A clear escalation pathway for any resident identified at risk of malnutrition through referrals to dietician and GP has been completed by both professionals. The PIC and ADON will ensure nutrition and hydration audits are carried out on a monthly basis. Recommendations from GP and dietician will be documented in relevant section of resident's care plans and immediately communicated by the lead nurse in charge on the

day to all staff. The PIC has been assigned as the lead person to oversee and manage nutrition and hydration of the residents. The PIC reports directly to the Provider Nominee. The lead person will ensure that all residents nutritional information is accurate in their Care Plan and support required is clearly documented, ensure that care plan audits are completed which includes nutritional information and action plan identified where required, ensure referral to dietetic services and, or GP when required, ensure ongoing implementation of relevant policies, ensure all staff receive required training and provide updates at staff meetings. Weekly meeting with PIC/ADON and Chef have commenced and minutes are available to be read and signed by catering staff. Strict adherence to therapeutic diets has been recorded in care plans. Overall risk assessment of nutrition and hydration has been completed and in risk register. Staff training in nutrition and hydration for all nursing staff and HCA's has been completed. Close monitoring of all residents who have been identified as being at risk of malnutrition with a MUST greater than two with weekly weights being completed and documented and reviewed by GP and dietician if any additional weight loss is noted. Monthly weight reviews of all residents is being completed as per policy and the PIC will monitor that these are completed and documented on a monthly basis. Monthly audits of all residents' nutrition and hydration care plans are being completed by lead person. Staff meeting was convened by PIC where the PIC highlighted the importance of accurate recordings of weight and MUST assessments and the importance of completing daily food diary's for residents at risk of malnutrition and new residents. The provider has sourced dietician services to come to nursing home on a monthly basis and this commenced in early April and will continue on a monthly basis. Dietician will provide onsite training for all staff nurses , nurses and catering staff in the near future. Food and nutrition will be a standing item on agenda for all staff meetings. This will also be discussed as part of staff appraisals.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

1. Deep Clean of the Centre:• A comprehensive deep clean of the entire centre was completed post inspection. This was overseen by the Provider Nominee and IPC lead. The initial deep clean was completed by the nursing home household staff with additional staff on duty to ensure this is completed in a timely manner. • Deep cleaning schedule has been implemented and has commenced to ensure that an appropriate standard of environmental hygiene and cleaning for residents at all times. The IPC lead and PIC is responsible for verifying and signing off on deep cleaning to the required standard. 2. Flooring.• A comprehensive review of all flooring throughout the nursing home was completed following inspection and 9 non-complaint floors were replaced in April 26. Additional floors have been identified as needing to be replaced and this will be completed over the next a timely manner Management Oversight and Monitoring.• An IPC lead person has been appointed by the Provider Nominee, the IPC lead person is the

ADON and reports directly to the PIC. Their roles include overseeing of all IPC practices, continued implementation and adherence to the IPC policy, completion of IPC audits and implementation of actions plans, sharing relevant evidence-based information with the frontline team in staff meetings and being designated point of contact for all staff in relation to IPC.• Strict adherence to the Nursing Homes IPC policy by all staff in the nursing in the centre was discussed at staff meeting on 2/04/2026. • The PIC and ADON/IPC Lead person will take full responsibility for monitoring adherence to IPC practices and IPC policy. • A daily spot-check of the cleanliness of the centre will be carried out by the PIC or ADON. Same will be documented and immediate remedial action taken in accordance with findings of the spot check.• IPC environmental and equipment risk assessments are being completed and updated in the risk register and communicated to all staff at safety pauses.• An immediate audit of hand hygiene, PPE as per IPC policy, clinical waste management, invasive devices has been completed by the PIC and IPC lead. Audit findings and action plan discussed with provider nominee for oversight and governance and will be disseminated to staff at staff meetings and safety pauses.• Review of IPC audit schedule and frequency of same has been completed. • Weekly IPC environmental audits are being completed by the lead person and any non-compliances will be actioned with immediate effect. • A separate section in the risk register will include IPC risks.• IPC will be included in the standing agenda at all staff meetings and also at the meetings between the Provider Nominee and the PIC. All staff have completed on site IPC refresher training. This will include caring for residents with MDROs.• Standard operating procedures (SOP) to be delivered for cleaning of all equipment used to support residents in line with HIQA national standards by . A checklist of sign off on all SOP's to be accessible for all staff in written format. • Daily staff safety pauses at handovers to reinforce IPC practices, hand hygiene, appropriate use of PPE including residents' infection status requiring IPC standard precautions. Provider with maintenance are reviewing the provision of hand hygiene sinks within the centre.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

A full review of oral hygiene of all residents was completed and information updated to reflect the residents needs. All aids which are required by the residents are documented in their individual careplans and all staff HCA's and staff nurses on both day and night shift are responsible to ensure residents needs are met.

Referral sent to Audiology for resident and careplan updated to reflect same.

All residents nutrition and hydration status was reviewed by dietician and relevant information was added to careplan. Residents who scored high on MUST assessment were reviewed by dietician and risk assessment put in place for malnutrition. These

residents were also reviewed by GP and notes reflect this. All current information is now up to date and chef has been notified of any changes. On admission with all new residents, a dietary requirement sheet is completed by nurse in charge and given to chef on day of admission. PIC meets with chef on weekly basis to discuss dietary requirements of residents and same is documented.
All residents who are high risk of falls have a risk assessment in place and control measures documented into careplan.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

All residents nutrition and hydration status was reviewed by dietician and relevant recommendations was uploaded to careplan. Residents who scored high on MUST assessment were reviewed by dietician and risk assessment put in place for malnutrition. These residents were also reviewed by GP and notes reflect this. All current information is now up to date and chef has been notified of any changes. On admission with all new residents, a dietary requirement sheet is completed by nurse in charge and given to chef on day of admission. PIC meets with chef on weekly basis to discuss dietary requirements of residents and same is documented. Private Dietician has been obtained and will visit the nursing home monthly and review residents as needed. Dietician will then note recommendations from reviews in to careplan and this will alert nurses that changes have been made.
Referral sent to Audiology for resident and careplan updated to reflect same. Tracking of referral is reflected and status of same is documented in individual careplans.
OT have been contact to re assess the resident and seating plan. Risk assessment is in place for resident and seating with additional measures in place in the interim.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

In order to facilitate residents who want to eat in the dining room, a second seating of both lunch and dinner will be accommodated to ensure residents rights are met. This was due to commence on 5/5/26 but due to outbreak same will now commenced as soon as possible. Residents preference of where they would like to eat is now documented in

their care plans and rational for same also. In relation to activities more hours have been allocated to staff who coordinate activities to facilitate an expansion of activities to incorporate residents who chose to stay in their bedrooms.
Speech and Language therapist will compile social stories and pictorial aids to aid residents with communication deficits in order to ascertain their likes and dislikes.

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/06/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	10/04/2026
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by	Not Compliant	Red	25/03/2026

	health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	29/05/2026
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	10/04/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	10/04/2026
Regulation 27(a)	The registered provider shall	Not Compliant	Red	25/03/2026

	ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	27/03/2026
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	23/03/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where	Not Compliant	Orange	25/04/2026

	necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Orange	30/03/2026
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	12/04/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	18/05/2026