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:	Villa Marie Nursing Home
Name of provider:	Villa Marie Nursing Home Limited
Address of centre:	Grange, Templemore Road, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	12 May 2026
Centre ID:	OSV-0000437
Fieldwork ID:	MON-0050528

About the designated centre

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

Villa Marie Nursing Home is a family run nursing home on the outskirts of Roscrea town which has been renovated to a high standard in the last few years. The aims of the centre are: a) to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes personal choice, health and b) to provide a high standard of care in accordance with evidence-based best practice. The centre strives to provide a living environment that as far as possible replicates residents' previous life style, to ensure that residents live in a comfortable, clean, safe environment. The nursing home can accommodate up to 30 residents in both single and double bedrooms many of which are en suite. Both male and female residents with the following care needs are catered for: General care, Long term care, Respite care, Early Dementia care, Alzheimer's care, Disability care, Stroke patients, Convalescence care and Holiday stay. Nursing care is provided 24 hours a day. We engage a wide range of trained staff and allied health care to support your needs. The range of needs extends from independent/low /medium/ high and maximum care. Residents will be over 18 years of age. A pre-admission assessment will be carried out to determine whether the centre can cater for any specific needs. In order to enhance the care provided and enable you to fulfil your personal social and psychological needs a range of medical, social, spiritual and physical needs are catered for. All meals are freshly prepared daily by our catering staff. Choice is offered at every mealtime. All specialist dietary needs are catered for. Daily activities are available within Villa Marie Nursing Home. A residents' council meeting is held every two months, where any issues may be discussed and resolved. All residents or their representatives are welcome to attend. Your input will be requested on any matters that may potentially affect your daily life including development of your personal care plan. Villa Marie Nursing Home provides a very high quality service to all our residents. If you feel the need to make a complaint you can do so with confidentiality assured. We operate an open visiting policy in Villa Marie Nursing Home, however, we ask all visitors to use sign in book on entering and leaving 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:	30

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
Tuesday 12 May 2026	10:15hrs to 17:30hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

This inspection found that Villa Marie Nursing Home was a well-run nursing home where residents' care needs were met to a high standard. The residents who spoke with the inspector praised the management and staff. Residents told the inspector that they had no cause for complaint. Residents told the inspector that all queries were openly discussed at the residents meeting and requests for any changes were taken seriously and acted upon. Residents emphasised the quality of care and support provided by the staff, saying "they couldn't be better". Residents who spoke with the inspector felt that there was enough staff on duty at all times to meet their care needs.

On the day of inspection, a total of 30 residents were accommodated in the centre. An introductory meeting was held with the person in charge, and a director of the company, followed by a walk around the centre. The centre had a welcoming feel. The premises were observed to be visibly clean. A small number of residents were mobilising independently around circulating corridors. A calm atmosphere was observed throughout the day and staff were seen attending to residents in a warm and respectful manner.

During the tour of the premises the inspector observed that many residents were having their breakfast in the dining room. There were a small number of residents sitting in the main communal sitting room. The inspector spoke with the residents in detail about their life in the centre. The feedback was highly complimentary. When asked about how they spent the day residents told the inspector there was plenty to do. In conversation with residents, the satisfaction level expressed by residents, with the activities held was consistently positive. Residents told the inspector about a recent outing to a local pub. Residents described the evening as "Brilliant". Pictures of the evening were on display in the main dinning room.

A varied programme of activities was available to residents, including games, religious services and exercise classes. On the day of the inspection, staff were seen to encourage residents to engage with the activities, in line with their own capacities and capabilities. Residents were observed partaking in a group exercise class. In conversation, one resident told the inspector how much they had enjoyed the exercise class. They followed this by stating they "were exhausted, and ready for their dinner". The staff in attendance during the exercise class were observed actively encouraged all residents to partake and called each resident by their name. This familiarity with the residents was observed throughout the day. Staff knew the residents likes and dislikes. Residents confirmed that their personal routines were respected by staff. For example, residents confirmed that they got up and retired to bed at a time of their own choosing. Residents were satisfied with the frequency of showers.

The general environment of the centre was visibly clean. Residents' bedrooms were tidy and well-maintained. Bedrooms were personalised with residents' belongings such as photos, flowers, artwork, mini fridges, and ornaments. Residents told the inspector that they had sufficient storage for their clothes and personal possessions. The inspector observed that multiple residents shared communal bathrooms. The communal bathrooms were not easily accessible for a small number of residents and were not in close proximity to their bedroom which is required by the regulations.

Residents' dining experience were observed to be a social and relaxed occasion. The dining room tables were nicely set, and residents were seen chatting with each other or staff as they ate. Residents' meals were presented well and served promptly to residents, in line with their preferences and assessed needs. Residents confirmed that they enjoyed the variety and quality of the meals that were served to them. A range of snacks and drinks were also available to residents throughout the day. Residents who required supervision or assistance during their meals were supported in a respectful and unhurried manner. Some residents chose to eat in their bedrooms, which was facilitated by staff.

There were notice boards with information on how to make a complaint or how to access advocacy services located along the corridor.

There were no visiting restrictions in place, and visitors were observed coming and going to the centre throughout the inspection.

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

This inspection found that the provider had ensured that residents received a good standard of care. The centre was adequately resourced. The service delivered was effectively monitored. The inspector found that the provider was responsive to regulation. An annual review of the service was completed in 2025 with highlighted areas for improvement.

This unannounced inspection was carried out by an inspector 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). The provider had submitted an application to renew the registration of the centre, and the detail of this application was also reviewed on this inspection.

The registered provider of the nursing home was Villa Marie Nursing Home Limited. The person representing the registered provider was a director of the company.

There was a clearly defined management structure in place and the management team were aware of their individual roles and responsibilities. The person in charge worked full-time in the centre and was well-established in their role. The remainder of the staff team comprised nurses, health care assistants, catering, housekeeping, activity and maintenance staff.

The management systems in place ensured that the service was safe, appropriate, consistent and effectively monitored. Key aspects of the service that included resident assessments and care planning, restrictive practices, nutrition and resident falls were monitored and audited to identify areas for quality improvement. There was evidence that regular meetings occurred between the person in charge and the company director to review key clinical and operational aspects of the service. Minutes of these meetings were available for review, and demonstrated that action plans were developed as needed. For example, the provider had recognised the need to refurbish one of the communal bathrooms to ensure that all residents would have easily accessible bathrooms, that were also in close proximity to their bedrooms for a maximum of eight residents in line with regulation requirements.

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.

All staff were facilitated to attend training appropriate to their role, such as fire safety, moving and handling procedures and safeguarding of vulnerable people. Staff were knowledgeable regarding the training they had completed to date.

The inspector reviewed a sample of staff files. These contained all of the information and documentation required by Schedule 2 of the regulations, including evidence of An Garda Síochána vetting disclosures and registration with the Nursing and Midwifery Board of Ireland (NMBI).

A sample of residents' contracts of care were reviewed. Each resident's contract outlined the terms and conditions of the accommodation, including the number of occupants of their bedroom. The contracts also outlined the fees to be paid by each resident.

The registered provider had a contract of insurance against injury to residents in place.

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

The centre had a complaints policy and procedure, which described the process of raising a complaint or a concern. A summary of the complaints' procedure was also displayed prominently. Residents who spoke with the inspector felt there was no barriers to voicing any concerns and they were confident that concerns raised would be addressed promptly and appropriately by the management team.

Regulation 15: Staffing

On the day of the inspection, the staffing levels and skill-mix were appropriate to meet the assessed needs of residents, in line with the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Training records demonstrated that all staff were up-to-date with training in moving and handling procedures, fire safety and the safeguarding of residents from abuse. Other training was completed by staff, as needed.

Staff were appropriately supervised to ensure that the care needs of residents were met, in line with their assessed needs.

Judgment: Compliant

Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, were stored securely and readily accessible. The inspector reviewed a number of staff personnel records, which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a contract of insurance against injury to residents in place.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The management team were aware of their individual lines of authority and accountability. There were sufficient resources available to ensure the delivery of care, in accordance with the centre's statement of purpose. The systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

The person in charge had completed a review of the quality and safety of care provided in 2025, which included a quality improvement plan. The resident satisfaction surveys had been used to inform the annual review.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. Each contract outlined the terms and conditions of the accommodation and the fees to be paid by the resident.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge had notified the Chief Inspector of any incident required by Schedule 4 of the regulations, within the required time-frames.

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.

Judgment: Compliant

Quality and safety

Residents living in the centre enjoyed a good quality of life, and reported that their individual care needs were met to a high standard.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of comprehensive care plans, which were reviewed every four months, or more frequently if required. A review of a sample of eight care plans found that they were detailed, person-centred, and reflected the individual care needs of the residents. There was evidence that care plans were reviewed in consultation with residents or a nominated representative.

Residents had timely access to a general practitioner (GP). Residents who were identified as requiring additional health and social care professional expertise were referred to these services, as needed. Records evidenced that the recommendations of health and social care professionals were implemented and reviewed to ensure the best outcomes for residents.

Residents who may be at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Appropriate referral pathways were established to ensure residents identified as at risk of malnutrition were referred for further assessment by an appropriate health professional.

A restraint-free environment was promoted in the centre. The provider had arrangements in place to monitor the use of restrictive practices. Restrictive practices were informed by an appropriate risk assessment.

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.

There were systems in place to protect residents from abuse. There was an up-to-date policy and procedure in place in relation to safeguarding, which guided staff practice. Staff also completed regular training in the prevention, detection and response to abuse.

Residents' civil, political and religious rights were promoted and respected by staff. It was evident that residents were supported to exercise choice in relation to how they spent their day. A programme of activities was delivered by dedicated activities staff, with the support of the wider staff team. These activities were aligned to residents' interests and capabilities. Residents were extremely satisfied with the range of activities that were available to them.

Residents were consulted with in relation to the operation of the centre. There were opportunities for the residents to provide feedback on the quality of the service, and there was evidence that any feedback was addressed promptly and to the satisfaction of residents.

While the premises were appropriate for the assessed needs of the residents on the day, the person in charge informed the inspector that a number of quality improvement measures were under consideration to enhance the living environment for residents such as the installation of showering facilities in communal bathrooms. There was an ongoing maintenance programme in place.

The fire alarm system, emergency lighting system and fire fighting equipment were serviced at the appropriate intervals. The provider maintained records of daily, weekly and monthly checks in relation to aspects of fire safety, including means of escape and tests of the fire alarm system. Residents' personal emergency evacuation plans (PEEPs) identified the different evacuation methods applicable to individual residents, in the event of an emergency. Evacuation drills took place on a regular basis throughout the centre.

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Regulation 11: Visits

There were flexible arrangements in place to support residents to receive visitors. Residents could meet with visitors in their bedroom, or in communal areas.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to appropriate space and facilities within their bedrooms to store their personal belongings. Residents expressed satisfaction with the laundry services in place.

Judgment: Compliant

Regulation 17: Premises

The inspector found that there was insufficient bath/showering facilities that were easily accessible, and in close proximity to resident bedrooms. This shortfall was known to the provider and will be addressed in the compliance plan response.

Judgment: Substantially 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.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to protect residents from the risk of fire, including the regular review and servicing of fire safety equipment. Non-compliance found were addressed in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care professionals to meet their assessed 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, which informed the developed of person-centred care plans.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse.

The provider did not act as a pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

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

Residents had facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities and they reported that they enjoyed the activities programme. Residents were also provided with unrestricted access to independent advocacy services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	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 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
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

Compliance Plan for Villa Marie Nursing Home OSV-0000437

Inspection ID: MON-0050528

Date of inspection: 12/05/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Work to convert one existing toilet to a wet room, to ensure there is sufficient bath/showering facilities that are easily accessible, and in close proximity to resident bedrooms, has been scheduled and will be completed by 31st December 2026.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/12/2026