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:	26 June 2025
Centre ID:	OSV-0000437
Fieldwork ID:	MON-0041775

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:	29

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 26 June 2025	10:00hrs to 18:20hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

Overall, residents living in Villa Marie Nursing Home were very happy living in the centre. Comments made by residents when asked about the care included "I am happy here and I feel safe", followed by positive comments on the service delivered. Residents had a high level of praise for the staff as individuals, and as a group. When asked about the care staff a resident described them as "considerate".

On arrival to the centre, the inspector observed that there was a welcoming feel to the centre. There was a calm, friendly, and relaxed atmosphere in the centre throughout the inspection. In conversations with the residents, the inspector was told that the management had a visible presence in the centre and were available at all times. Residents told the inspector that they would bring any concerns to any member of staff. This was followed by the comment, "we have nothing to complain about".

On a tour of the premises, the inspector observed that the premises were clean. The residents were seen to be up and about, some having their breakfast in the dining room, while others were relaxing in the main communal room. Residents reported that the food was very good and that they were happy with the choice and variety of food offered. The communal sitting room was observed to be clean and free of clutter. A number of residents stated that their bedrooms are cleaned daily. There was manicured, well-maintained internal gardens that residents could access at all times.

The main communal sitting room and the dining room was occupied by residents throughout the day. Residents mobilised independently and unrestricted around the centre. The inspector observed an environment that was personable. The communal sitting room and the dining room were separate rooms. The inspector observed that residents were actively encouraged to walk between rooms for their meals and use this distance to get some exercise. Throughout the day, the inspector observed the staff walking with residents, chatting in a free and easy manner about topics of interest to them.

The inspector spent time observing the dining experience. Staff provided residents with assistance at mealtimes, and the residents were not rushed. Staff engagements were patient and kind. Staff were observed sitting and chatting with the residents while providing assistance. Music was playing in the background which added to the relaxed atmosphere during the meal.

The social activities calendar in the centre was important to the residents. The feedback from residents on activities held in the centre was positive. Residents described the variety of activities they could choose to attend. These included arts and crafts, exercise and music activities. There was a member of staff appointed to facilitate activities five days a week. In the morning the inspector observed an exercise session. The person facilitating the session was familiar with the residents

who attended and actively encouraged all residents to join in. The activities staff were familiar with the individual care needs of the residents and were knowledgeable on residents who choose not to attend group activities. For this reason, time for one-to-one individual residents sessions was allocated. The inspector spoke with a resident who liked to spend time in their bedroom and did not avail of the group activities. The resident told the inspector that the staff would say hello and have a small chat when walking past their bedroom. These interactions were very valued by the resident.

The inspector observed that residents were well-dressed, and residents confirmed that staff assisted them in a kind and patient way. Residents were happy with the frequency of showers. Many residents had attended the hairdresser and multiple residents were delighted with the condition of their nails, having recently had a hand massage and manicure.

The following sections of this report detail the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service provided to residents.

Capacity and capability

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would enhance the daily lives of residents. The governance and management was well-organised and the centre was sufficiently resourced to ensure that residents were supported to have a good quality of life. In the main, the provider was delivering appropriate direct care to residents. However, the management and oversight of record-keeping, and the system in place monitoring resident risk of malnutrition was not in full compliance with the regulations.

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).
- review monitoring notifications submitted by the provider to the Chief Inspector in relation to the safeguarding and protection of residents
- review unsolicited information received by the Chief Inspector, pertaining to the quality of direct care provided to the residents living in the centre.

Villa Marie Nursing Home Limited is the registered provider of the centre. The centre was registered to accommodate 30 residents. On the day of inspection, there was 29 residents living in the centre, with one vacancy. There were sufficient numbers of suitably qualified nursing, healthcare and household staff available to support residents' assessed needs. Within the centre, the person in charge was supported by a team of nurses, healthcare assistants and support staff.

Record management systems consisted of both an electronic and a paper-based system. A sample of staff personnel files were reviewed and did not contain all the information required by Schedule 2 of the regulations. This included a vetting disclosure for each member of staff in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021. The files evidenced that some staff had commenced working in the centre prior to the receipt of valid Garda vetting.

Records reviewed by the inspector confirmed that training was provided through a combination of in-person and online formats. All staff had completed role-specific training in safeguarding residents from abuse, manual handling, infection prevention and control, the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and fire safety.

The management met weekly and all areas of care delivery was discussed. There was clear evidence of quality improvement initiatives in place to improve the lived experience of residents and improve quality of life. For example, the absence of a call bell from within a communal room had been identified as a risk to residents. At the time of inspection this risk had been addressed.

There was a clinical audit schedule in place to monitor the delivery and quality of the care given. However, the inspector found that the completed nutritional audits had not identified any gaps and therefore, there was no quality improvement plans in place.

The person in charge held responsibility for the review and management of complaints. At the time of inspection all logged complaints had been resolved and closed.

The registered provider had written policies and procedures available to guide care provision, as required under Schedule 5 of the regulations.

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

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in nursing management and in the care of older persons. They were suitably qualified for the role and worked full-time in the centre. The person in charge had a strong presence in the centre and was known to all residents spoken with.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff on duty on the day of inspection was appropriate with regard to the healthcare needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. Staff were appropriately trained.

Judgment: Compliant

Regulation 21: Records

Records were not consistently maintained as required by Schedule 2 and 3 of the regulations. For example,

- multiple staff had commenced working in the centre prior to the receipt of valid Garda vetting.
- Records of nutritional care and nursing care provided to residents at nutritional risk were not accurately or appropriately maintained in line with the requirements of Schedule 3(4)(b).

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place to monitor the quality of the service did not fully ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. This was evidenced by;

- The system in place monitoring nurse documentation and recording of resident current healthcare status was inadequate. A review of the nutritional care plan audits found that the system did not identify where assessments and care plans were incomplete and therefore did not contain the information required for quality improvement.

- The system in place to ensure that all staff working in the centre had the required documentation was ineffective as multiple staff had commenced employment in the centre prior to the receipt of valid Garda vetting.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

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

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

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Residents living in this centre received care and support which ensured that they were safe and that they could enjoy a good quality of life. The provider had ensured that the physical environment met the care and safety needs of the residents, and to ensure residents' safety in relation to fire safety. With the exception of the monitoring and oversight of residents' nutritional status, the provider had ensured

that residents assessments and care plans were reflective of their care needs, and provided staff with person-centred guidance on the care to be provided.

Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure that the service could meet their health and social care needs. An individualised care plan was developed for each resident, within 48 hours of admission to the centre. The inspector reviewed a sample of eight residents' nursing care records. In the main, care plans reflected the individual assessed needs of residents and what interventions were required to ensure person-centred, safe, quality care with positive outcomes for residents. However, the care plans of residents who were assessed as being at high risk of malnutrition were not reviewed and updated in line with residents changing needs or the centre own nutritional management policy. As a result, some residents did not have an appropriate care plan in place to guide staff to deliver required interventions, some residents were not appropriately referred for expert assessment and the nutritional care records were not updated, as required.

Residents were provided with food choices for their meals and snacks, and refreshments were made available at the residents request. Menus were developed in consideration with residents individual likes, preferences and, where necessary, their specific dietary or therapeutic diet requirements. Daily menus were displayed on a large notice board in the dining room so that residents knew what was available at meal-times. There was adequate numbers of staff available to assist residents with their meals.

Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had access to health and social care professionals for additional professional expertise. For example, weekly access to physiotherapy services.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Residents' rights were protected and promoted in the centre. Regular residents' meetings were held, which provided a forum for residents to actively participate in decision-making and provide feedback for a variety of areas of the service provision. A copy of the minutes of the resident meetings were available at the entrance to the centre. Choices and preferences were seen to be respected. For example, residents had requested more choice for their evening tea, and this was addressed by the provider. There were adequate facilities available to deliver activities to residents, and there were adequate opportunities to participate in meaningful activities. There was a text messaging system in place whereby all updates and changes that were occurring in the centre was communicated by text to residents and families.

Visiting was found to be unrestricted and residents could receive visitors in either their private accommodation or designated area if they wished.

Regulation 11: Visits

The inspector found that the registered provider had ensured visiting arrangements were in place for residents to meet with their visitors, as they wished.

Judgment: Compliant

Regulation 20: Information for residents

The inspector found that information on the complaints procedure and advocacy services were on display. Residents spoken with said that they knew how to make a complaint should they wish to do so and they knew how and when they could avail of services such as the hairdresser and various activities.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of resident's assessments and care plans relating specifically to the management of residents at risk of malnutrition found that they were not in line with the requirements of the regulations.

Care plans were not guided by a comprehensive assessment of the residents care needs. Some resident's care plans did not accurately reflect the needs of the residents and did not identify interventions in place to support residents when identified as being at high risk of malnutrition. Consequently, staff did not have accurate information to guide the care to be provided to the residents.

The personal emergency evacuation plans completed for residents did not have sufficient information to guide the care and level of support required to safely evacuate the residents.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care services to meet their assessed needs.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. There was an up-to-date safeguarding policy and procedure in place which was known to staff. Staff demonstrated awareness in relation to how to keep residents safe, and could clearly describe the reporting mechanisms, should a potential safeguarding concern arise.

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

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by the minutes of residents' meetings. The residents had access to local newspapers, radios, internet access, telephones and television.

The inspector found that residents' right to privacy and dignity was promoted, and positive, respectful interactions were seen between staff and residents.

Advocacy services were available to residents as required and were advertised on notice boards in the centre, along with other relevant notifications.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Villa Marie Nursing Home OSV-0000437

Inspection ID: MON-0041775

Date of inspection: 26/06/2025

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • A previously used checklist has been reinstated for completion prior to commencement of all new staff at Villa Marie Nursing Home. The checklist includes receipt of Garda Vetting. No staff member will commence work prior to Garda Vetting being received.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The system in place for auditing nursing documentation and recording of resident current healthcare status has been fully reviewed to ensure that it captures any elements of assessments and care plans that are incomplete and ensure that they contain the information required for quality improvement.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: • Following inspection, All RGNs were instructed to revisit the policy on Nutritional Status and Management to ensure they strictly follow the clear guidance provided. Assessments and care plans for a very small number of residents identified as being at high risk of malnutrition were reviewed and updated immediately following inspection in line with	

policy, following discussion with the residents concerned and the residents family where necessary, in order to provide accurate information and guide care.

• The personal emergency evacuation plans completed for residents have been fully reviewed to ensure the correct level of support required to safely evacuate each resident in the event of an emergency situation.

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 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	01/07/2025
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.	Substantially Compliant	Yellow	01/07/2025
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	Substantially Compliant	Yellow	01/07/2025

	necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			