



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	St Mary's Residential Centre
Name of provider:	Health Service Executive
Address of centre:	Shercock Road, Castleblayney, Monaghan
Type of inspection:	Unannounced
Date of inspection:	20 January 2026
Centre ID:	OSV-0000495
Fieldwork ID:	MON-0045007

About the designated centre

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

The designated centre provides 24-hour nursing care to 70 residents, male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is a single story building containing three distinct houses. Lorgan House is a 21 bedded specialist dementia unit. Dromore House accommodates 25 residents requiring continuing and palliative care and Drumlin House has 25 beds but only provides care for 24 residents needing continuing and palliative care. The additional bedroom is a designated facility only for end of life care. The philosophy of care is to embrace ageing and place the older person at the centre of all decisions in relation to the provision of the residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	68
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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 20 January 2026	08:30hrs to 16:30hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

On the day of this unannounced monitoring inspection, the inspection findings were positive.

The centre was a calm and peaceful in the morning, with the majority of the residents in bed asleep and a small number of residents observed in the process of starting their morning routine in the privacy of their bedroom.

On the day of inspection 16 residents and seven relatives provided verbal feedback about life in the centre, it was overwhelmingly positive. Residents said that their rights were upheld and they felt safe and secure living in the centre. Those spoken with said they were always treated with dignity and respect by staff. Relatives said staff were extremely courteous and always kept them informed about their loved one. They said their right to choice was upheld and they lived a good life with the support of staff.

Residents were involved in how the centre was run and said their voice was heard. They confirmed that they had a residents' forum every two to three months, where they had discussions about life in the centre such as, how to safeguard themselves, planned activities and where they brought any issues they had to the chair. Residents reiterated that any issues they raised about the service they received were dealt with promptly and the minutes of previous meeting which were reviewed confirmed this.

The complaints policy was on display and it included the contact details for advocacy services. The residents and relatives spoken with told the inspector that any issues or concerns they had were brought to the attention of the person in charge without delay and were acted upon. A review of the record of complaints received in 2025 confirmed that the four verbal complaints received were dealt with swiftly to the satisfaction of the complainant.

A residents' survey had been conducted in 2025, the analysis and findings of which were included in the centre's annual review.

The inspector observed staff supervising residents in the communal living areas and in the dining rooms at lunchtime. On several occasions during the day staff were observed providing one-to-one care to residents, ensuring their individual needs were met. This included accompanying residents to walk with assistance and providing discreet assistance with their meals. There was no delay in attending to residents' needs, residents and visitors confirmed this with the inspector. Relatives said they never noticed a shortage of staff. One resident said they were "blessed with the care" they received. Relatives said there was always enough staff on duty and that staff were always available to speak with them about their loved one.

Staff were observed knocking and seeking permission prior to entering residents' bedrooms and each bedroom, en-suite, communal bathroom and toilet had a privacy lock in place. In addition, each resident had access to adequate storage facilities within their bedroom for personal items including a secure storage facility for valuable items. Most residents said their clothes were laundered for them in the centre and were always returned clean and folded.

There was an activities schedule on display and the residents spoken with said that they had the choice to participate or not and that their choice was respected by staff. The inspector observed residents enjoying the bar facilities in the afternoon, where a number were gathered for afternoon tea and scones with their relatives. Some residents told the inspector that they enjoyed the bar particularly in the evenings, where one resident confessed they indulged in a "wee nightcap".

Mass was said in the centre every Wednesday. The daily papers were distributed around the units each morning and residents were observed reading them. Residents were all registered to vote and one resident confirmed they had voted in last year's presidential elections.

The premises was clean, tidy, bright and airy. Residents said their bedrooms were cleaned on a daily basis and they were satisfied with the standard of cleaning. Staff were observed using the clinical wash hand sinks on a number of occasions during the inspection, the inspector was assured that residents were safe guarded against the risk of cross-infection.

Relatives said the communication between staff and families was good, that staff called them and reported all issues in a prompt manner. All those spoken with expressed satisfaction with what they described as the high standard of safe care provided to residents.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an unannounced inspection undertaken to monitor ongoing compliance with the regulations. Overall, the findings of this inspection were that the governance and management arrangements in place were effective and ensured that residents received a high standard of person-centred care and support.

Despite the positive findings on this inspection, the provider failed to notify the Chief inspector of the fact that there had been no person in charge appointed in the designated centre for a period of time. This resulted in escalatory action and a

warning provider meeting on 6 November 2025. The provider had also failed to appoint a person participating in management by 25 November 2025, which was a breach of their restrictive condition on their certificate of registration. Both these senior management positions had been filled at the time of this inspection. Further details are available under Regulation 23: Governance and Management.

The registered provider of St Mary's Residential Centre is the Health Service Executive (HSE). There was a clearly defined management structure in place on the day of inspection. The management structure, was as set out in the centre's revised statement of purpose. It consisted of a newly appointed person in charge supported by an assistant director of nursing, and two clinical nurse managers. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication.

On the day of the inspection, the inspector found there was sufficient staffing resources available to meet residents' individual needs. The inspector reviewed minutes of meetings such as clinical governance meetings, staff meetings and residents meetings. It was clear these meetings ensured effective communication across the service. The quality and safety of care was being monitored through a schedule of monthly and three-monthly audits including audits on call-bells, care plans and restraints. The inspector reviewed a sample of audits and saw that those with action plans in place had them addressed and signed off by the person in charge.

The centre was well-resourced with staffing levels in place to meet the needs of the residents. Staff had access to training and all staff had attended the required mandatory training to enable them to care for residents safely.

The annual review for 2024/2025 was available for review, it ran from May to May each year. The inspector saw that feedback received from the residents was included and there was a quality improvement plan which was being worked through.

Records requested were made available and were found to be in compliance with the legislative requirements.

Regulation 14: Persons in charge

The person in charge is a registered nurse with experience in the care of older persons in a residential setting. They hold a post-registration management qualification and work full-time in the centre. The inspector found that the person in charge had a continuous quality improvement strategy in place to deliver safe consistent services for residents.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were appropriate, having regard for the size and layout of the centre across all floors, and the individual and collectively assessed needs of the residents. The whole time equivalent staffing numbers on the day of inspection, were in line with those outlined in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Training records were maintained and updated and the inspectors were assured that all staff working with residents in the centre had completed all the required mandatory training on safeguarding vulnerable residents. Staff had also completed training on a human rights-based approach to care.

Supervision of staff and residents was evident on the day of inspection.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding, that the governance and management of this centre was good on the day of inspection, the provider had not adhered to the time lines outlined in the restrictive condition on the certificate of registration and had not appointed a suitably qualified person in charge with in a timely manner. This had left the

management of the centre in a compromising position and had the potential to have a negative impact on the oversight of care during quarter 4 2025.

A warning meeting was held with the provider in November 2025 to discuss their failure to notify the Chief Inspector of the absence of a person in charge of the centre. The post had been vacant for over three weeks and there was no person in charge in the centre. This issue also occurred in 2023 when the person in charge at that time took planned retirement, and the provider did not notify the Chief Inspector. At that time, a commitment was made by the provider to notify the Chief Inspector in a timely manner of future changes to the governance and management of the centre.

In addition, a person participating in management had not been appointed by 25 November 2026 as outlined in the restrictive condition on the certificate of registration.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Each were signed by the resident or their representative. The fees charged to the resident were clear. The room occupied by the resident and how many other occupants, were reflected in those contracts reviewed.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place, which was displayed throughout the designated centre. It had been updated following the recent change in person in charge. The records showed that complaints were recorded and investigated in a timely manner and that complainants were advised of the outcome. There was also a record of the complainant's satisfaction with how the complaint had been managed.

Judgment: Compliant

Quality and safety

The quality of service and nursing care delivered to residents was of a high standard with noted improvement in the assessment of residents with restrictive equipment in use and nursing record keeping in general.

The premises was found to be in a good state of repair. Although the maintenance post was vacant, the centre was being supported by an area maintenance team while the post was advertised.

The inspector saw evidence that each resident now had a comprehensive assessment in place which was reviewed on a four-monthly basis. The samples reviewed were detailed and reflected the current status of the residents. They contained personalised detailed information about the resident which facilitated the creation of comprehensive person-centred care plans where required.

Care plans reviewed showed evidence of multi-disciplinary team input. The care plans in relation to food and nutrition, demonstrated input from dietitians and speech and language therapists where there was a nutritional concern. Where staff needed additional support, there were link nurses for most areas of care. For example, there was a link nurse for tissue viability, falls prevention and age friendly care.

Some residents had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The registered provider had dementia and challenging behaviour training available and a policy in place to guide staff on the management of residents with responsive behaviours including the use of psychotropic medication. The inspector observed that each resident with restraint in use had a risk assessment in place which outlined what, if any alternatives to restraint had been trialled prior to restraint being used.

Visitors were being welcomed into the centre and this was having a positive impact on residents; there were no restrictions in place.

Residents' rights were upheld and there were good oversight systems and processes in place to protect them from all forms of abuse. This included a safeguarding committee, comprised of members of the multi-disciplinary team, including the local community safeguarding officer. All matters relating to safe guarding residents in their home were discussed at these meetings.

Regulation 11: Visits

The inspector was assured that there were no restrictions on visitors to the centre. The visiting times were reflected in the centre's statement of purpose and resident's guide.

There was space for residents to meet their visitors in areas other than their bedrooms if they wished to do so.

Judgment: Compliant

Regulation 17: Premises

The internal and external areas of the centre were found to be in a good state of repair. There was a maintenance schedule for 2025 which included the upgrading of some fire doors identified during a recent risk assessment of all fire doors.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of resident assessments and care plans were reviewed on this inspection. The assessments reflected the residents met during the inspection, and clearly identified their assessed needs. The care plans reviewed were person-centred and outlined the residents' wishes and preferences.

The assessments and care plans reviewed were developed within 48 hours of admission and were updated on a four monthly basis.

There was evidence that residents were consulted about their care planning reviews.

Judgment: Compliant

Regulation 6: Health care

Residents had a medical review completed within a four month time period, or sooner, if required. There was evidence that residents had access to their general practitioner (GP) of choice and members of the allied health care team as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre was actively promoting a restraint-free environment, in line with national policy. Alternatives to restraint were in use where assessed as being suitable.

The policy on managing behaviour that is challenging was available for review. Those residents who exhibited responsive behaviours had person-centred care plans in place to support the management of their behaviours. These care plans described the behaviours, known triggers and de-escalation techniques used by staff to ensure safe care delivery. Antecedent, Behaviour and Consequence charts (ABC charts) were maintained.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were taken to ensure residents were protected from abuse. All staff had completed the mandatory training in safeguarding vulnerable adults and displayed good knowledge of what constitutes abuse in their conversation with the inspector. There were safe systems in place to safeguard residents' money. The provider acted as a pension-agent for a small number of residents and these were managed in accordance to the policy in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.

Residents had access to meaningful activities. The activity schedule was on display and residents were involved in person-centred activities throughout the day.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	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 St Mary's Residential Centre OSV-0000495

Inspection ID: MON-0045007

Date of inspection: 20/01/2026

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider will ensure Compliance with Regulation 23: Governance and Management by:</p> <p>The Provider will adhere to the time lines outlined in the Restrictive Condition on the Certificate of Registration and will ensure that a suitably qualified Person in Charge is in position in the Centre. Where the Provider is made aware that the Person in Charge will be continuously absent from the Designated Centre for 42 days or more, the Provider will notify the Authority in writing no later than one month before the proposed absence commences. Thus ensuring that the Management of the Designated Centre is not left in a compromising position and ensuring that there is robust Governance, Management and oversight of care delivery in the Designated Centre. 20th January 2026.</p>	

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 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	20/01/2026
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	20/01/2026