

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

Issued by the Chief Inspector

Name of designated centre:	The Village Residence
Name of provider:	Health Service Executive
Address of centre:	St Mary's Residential Care Service, Dublin Road, Drogheda, Louth
Type of inspection:	Unannounced
Date of inspection:	06 August 2025
Centre ID:	OSV-0000538
Fieldwork ID:	MON-0044323

About the designated centre

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

The Village Residence provides services for adult male and female residents over the age of eighteen years. It predominately provides care for persons over the age of 65 years who can no longer cope living in their own home including those with advanced dementia. It can provide care to a maximum of 60 residents across two buildings. The bedroom accommodation consists of eight multiple occupancy and thirty eight single bedrooms, some of which are en-suite. The centre is situated on a Health Service Executive (HSE) site with other HSE buildings and services. It is situated on a hill overlooking in Drogheda town. The town is within walking distance from the centre, hence it is in close proximity to public transport and an abundance of local services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60
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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
Wednesday 6 August 2025	07:50hrs to 17:00hrs	Maureen Kennedy	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector spoke with many residents to gain insight into their experience of living in The Village Residence. All residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. One resident reported that 'this was a great place' and that staff 'come when you want them'. Another resident told the inspector that they were 'so comfortable', the service 'couldn't be better'. The inspector also spoke with some family members and friends who were visiting their loved one on the day, who said that 'this place is great', 'the staff don't get enough credit'. There was 60 residents living in the centre on the day of this unannounced inspection.

The Village Residence is made up of sixty beds within two households, all on a ground floor setting. One household is a new purpose-built premises, made up of Butterfly, Red Robin and Forget-Me-Not cottages, specifically for people living with dementia. The entrance is through a beautifully designed and maintained garden. Each 10 bedded cottage is self-contained with single en-suite bedrooms and a large kitchen, dining and living lounge area opening into an enclosed garden. On the wide corridors, there are 'snug areas' with bright furniture for residents and family to sit, with light flooding through multiple windows. The building is designed and laid out to meet the needs of the residents. It is spacious with surfaces, finishes and furnishings that readily facilitate cleaning.

The additional thirty beds are in the designated centre previously known as St Mary's Hospital. The Meadowview and Sunnyside households offer accommodation in triple, double and single rooms, and surround an enclosed courtyard. The courtyard where potted tomato plants were growing, has open access from various areas inside and has seating for residents to enjoy. Throughout the day, the inspector observed residents mobilizing around the centre. Communal areas including a sitting room and a large dining room were seen to be well-used by residents. Resident bedrooms were found to be neat and tidy. The inspector observed that many residents had pictures and photographs in their rooms and other personal items which gave their rooms a homely atmosphere. The provider was proactive in maintaining and improving facilities and physical infrastructure in the two households of the old residence, through ongoing maintenance and renovations as observed in the recently redecorated dining room.

On the morning of the inspection, the inspector walked around the three cottages prior to the changeover of staff and attended the morning handover (sharing of relevant clinical information in respect of each resident between the shifts) in one cottage. The inspector found a calm, quiet atmosphere. Rooms appeared tranquil with curtains closed to maintain darkened environment for continued sleep. Some residents were seen already up, still in their night attire and in the lounge with carers in attendance having some breakfast cereal.

The handover was held at the nurse's station which was situated adjacent to the resident bedroom corridor. The quietness of the resident's corridor was maintained throughout the staff handover which was attended by the care staff, nurses and a clinical nurse manager. The handover was observed to be thorough and comprehensive. A handover/resident information sheet was available for staff and each resident was discussed with any pertinent issues highlighted. Staff were informed of residents' specific care needs and any requirements for completion. Staff breaks were coordinated to ensure continuous supervision of residents. Resident's manual handling requirements and requirements for assistance at mealtime was advised.

Throughout the day of inspection, staff were observed to be very interactive with the residents attending to their needs in an unrushed, kind and patient manner. Residents had access to a range of media, including newspapers and TV. Activities were provided in accordance with the needs and preference of residents and there were opportunities for residents to participate in group or individual activities including bingo, indoor bowling and sensory activities. The inspector observed visitors coming to and from the centre throughout the day.

Residents' rights and choice were promoted and respected within the centre. There was a residents and a residents family forum through which opinions and views were taken into account in the running of the centre. The inspector was informed of a recent initiative resulting from discussion at the family forum. There was a folder in each resident's room advising of daily activities or significant occurrences of each day which informed family on their family members' lives in the centre. There was access to advocacy with contact details displayed in the centre.

The inspector observed in detail the lunch time meal experience in the cottages. There was a relaxed and calm atmosphere, with music playing in the background. Residents with high care needs were observed being assisted to a hand-wash basin where they washed their hands prior to their meal. They then were assisted to the serving area where they could visualise the choice of food on offer. Their food was served as per their choice and was then taken to the table after they were seated. Staff were aware of any required modifications. Each resident was offered a clothes protector if they wished and a variety of drinks and condiments were offered with their lunch. Feedback received from residents in Meadowview and Sunnyside households' on the day of the inspection was that they enjoyed the meals on offer. Residents told the inspector that the 'food is lovely' with one resident enjoying a breakfast of 'fruit pots' in bed. The dining room had been redecorated with vibrant wallpaper and incorporated comfortable seating around a fireplace. Snacks were available outside of regular mealtimes with snack trolleys throughout the centre.

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

Capacity and capability

The registered provider for The Village Residence is HSE (Health Service Executive). The inspector found good regulatory compliance as evidenced by the findings of this unannounced inspection.

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. There was a schedule of regular team meetings in place including clinical governance, management and staff meetings. There was a staff forum for quality and safety issues with a confidential box for feedback if required. The management team had developed audits that identified where improvements were required. Unannounced night time audits were also carried out by the members of the management team. There was an annual review of the centre and a quality improvement plan in place.

The inspector was informed that there was enhanced staffing in the centre since the last inspection in September 2024. From what the inspector observed and in conjunction with communication with residents and visitors, the number and skill mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. A new position of homemaker was an addition to the team. The homemaker was a multitask role and supportive of the care staff throughout the centre. While the centre continued to have a high reliance on agency staff, agency staff were consistent and had been working in the centre for years.

A compliance plan from a previous inspection regarding written policies and procedures was followed up by the inspector. Improvements had been made and there was evidence that staff had read and signed the local policies.

The complaints policy was on display within the centre. It identified the person to deal with the complaints and outlined the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaint. The complaints policy was reflected in practice and the inspector was assured that complaints were addressed promptly.

Regulation 15: Staffing

There was sufficient staff on duty on the day of the inspection to support the needs of the residents. The staff were visible within the nursing home tending to residents'

needs in a respectful manner. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. 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. The annual review for 2024 was reviewed and it met the regulatory requirements.

Judgment: Compliant

Regulation 30: Volunteers

Volunteer staff work in the centre. Their roles and responsibilities were set out in writing. Garda vetting was in place.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as required in Schedule 5 of the regulations were available for review, and had all been updated within the last three years.

Judgment: Compliant

Quality and safety

The inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met. The Village Residence was found to be inviting and pleasantly decorated to provide a homely atmosphere with well-maintained internal courtyard gardens and multiple comfortable and pleasant communal areas for residents and visitors to enjoy.

The lunch food served on the day of inspection was seen to be wholesome and nutritious and residents reported high satisfaction with the food and choices available to them. Adequate numbers of staff were available offering encouragement and assistance to residents.

The inspector followed up on the compliance plan of a previous inspection regarding individual assessment and care plans. Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission and ensured that the resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

Staff had access to relevant training on responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A policy on caring for residents with these behaviours was also available to staff. Care plans on responsive behaviours detailed triggers and de-escalation measures to relax and reassure residents.

The inspector found that all reasonable measures were taken to protect residents from abuse. There was a policy in place which covered all types of abuse and the inspector saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse. There was a rigorous recruitment procedure in place. Staff had An Garda Síochána (police) vetting prior to starting work in the centre. The provider was a pension-agent for a number of residents. The inspector was assured that monies collected on behalf of residents was being managed as per HSE policy, in line with the Social Protection Department guidance.

Arrangements were in place to ensure that when a resident was transferred or discharged from the designated centre, their specific care needs were documented and communicated to ensure their safety. Staff confirmed, they completed and sent 'The National Transfer Document' with the resident to the hospital. Copies of documents were available for review and they contained all relevant resident information.

Regulation 17: Premises
The premises was appropriate to the needs of the residents and promoted their privacy and comfort.
Judgment: Compliant
Regulation 18: Food and nutrition
Residents informed the inspector that there was a good choice of food available to them and that they can access food and snacks whenever they want. The service of food was good and residents had a choice at each mealtime. The food served was found to be in accordance with the residents' assessed needs.
Judgment: Compliant
Regulation 20: Information for residents
There was information for residents and visitors throughout the centre to inform of the services available to them such as how to make a complaint, advocacy and other support services with their contact details displayed. The resident's guide included a summary of services and facilities available to residents such as pharmacy, activities and religious services.
Judgment: Compliant
Regulation 25: Temporary absence or discharge of residents
In line with a previous compliance plan, the person in charge ensured that where a resident was temporarily absent from the designated centre for treatment at hospital, all relevant information about the resident was provided to the hospital and on return was obtained from the hospital in a planned manner ensuring continuity of care.

To support the resident in the unfamiliar and busy environment of the hospital emergency department, the local policy was to send a member of the care staff known to the resident to stay with the resident.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A sample of residents' care plans were reviewed. Each resident had a pre-admission assessment carried out to ensure the centre could meet the residents' needs. Assessments were completed within 48 hours of admission and all care plans updated within a four month period or more frequently where required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs. Staff were knowledgeable of residents' needs and trained in the management of responsive behaviours. The use of any restraints was minimal and where deemed appropriate, the rationale was in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

The provider had an up-to-date Safeguarding Policy, and measures in place to protect residents from abuse. Appropriate pension-agent arrangements were in place to safeguard residents' finances.

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.

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 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant