

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:	The Village Residence
Address of centre:	St Mary's Residential Care Service, Dublin Road, Drogheda, Louth
Type of inspection:	Unannounced
Date of inspection:	08 July 2026
Centre ID:	OSV-0000538
Fieldwork ID:	MON-0049491

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:	56
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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 8 July 2026	08:00hrs to 16:45hrs	Sheila McKevitt	Lead

What residents told us and what inspectors observed

Residents living in The Village Residence expressed satisfaction about the service they received. They said that they felt safe and valued the care they received from staff, who they said worked hard to meet their needs. However, the inspector observed instances where residents' rights were not upheld at all times, as detailed further in the report.

This was an unannounced inspection which focused on the safeguarding measures the provider had in place to protect the residents from any forms of abuse. The inspector arrived at the centre before 8am, met staff, residents and observed practices. The inspector observed that a number of residents who were asleep in bed did not have access to their call-bell. The call bells in these rooms were hanging on the wall out of their reach. This meant that they could not call for staff if they needed assistance.

The inspector observed that there were adequate numbers of staff on day and night duty to meet the needs of residents. In addition, a number of residents spoken with told the inspector that there were enough staff on duty to meet their needs in a timely manner.

Bedrooms viewed by the inspector were spacious and nicely decorated with personal belongings such as photographs, flowers, plants and soft furnishings. Residents reported to be happy with their bedroom accommodation.

The inspector observed that planned daily activities were displayed on information boards on each unit. The schedule included exercise classes, arts and crafts and music. While walking around the centre and chatting to residents in communal areas, the inspector observed activities taking place and in the afternoon a large number of residents were observed enjoying the sunshine in the enclosed gardens accessible to them. Residents could access these areas independently as the doors were open. Residents using these areas had access to sunscreen and sun hats.

Some residents spoke with the inspector about the quality of the food they received and highlighted that it was good and they received a choice. The inspector saw that the choice displayed was offered on the day. The inspector observed the dining experience at lunchtime, the food was well presented and residents received their choice of meal, staff were available in each of the dining rooms to assist residents who required assistance.

Inspectors spoke with a number of visitors who reported that they were very happy with the care their family member received and that the staff were very friendly and caring. Visitors also reported that if they had a concern they could easily speak to staff and the issue would be addressed promptly.

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

Capacity and capability

This unannounced inspection was conducted with a focus on adult safeguarding and for the purpose of reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse and to assess the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended).

The inspector also followed up on four pieces of unsolicited information brought to the attention of the Chief Inspector since the last inspection in August 2025, some of which were partially substantiated. Overall the inspector found good regulatory compliance as evidenced by the findings of this unannounced inspection. However, improvements were required under Regulation 9: Residents Rights and Regulation 5: Individual assessment and care plan.

The registered provider for The Village Residence is HSE (Health Service Executive). There was a clearly defined management structure in place. The person-in-charge was supported by an assistant director of nursing at the time of this inspection, as the second assistant director of nursing post was vacant. 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. The management team had an audit schedule for 2026 and those completed identified where improvements were required. Unannounced night time audits were also carried out by the members of the management team. Despite the systems in place a more stringent level of oversight was required to ensure residents' rights were upheld at all times and that residents' documentation reflected their care needs.

There was an annual review completed for 2025 which included feedback from residents and a quality improvement plan.

There were enough staff on duty to meet the needs of residents. However, the inspector found that there were twenty one vacant positions in total across all disciplines. Twenty of these vacant posts were covered by agency staff, so the vacancies did not negatively impact the quality of care provided to residents. However, the assistant director of nursing post remained unfilled since March 2026 and this had the potential to negatively impact the over all governance and management of the centre.

A training matrix was available for the inspector to review, it detailed what training staff had completed. It showed that all the staff had up-to-date mandatory training

in place and staff spoken with demonstrated a good knowledge of their role and of the residents under their care.

Regulation 15: Staffing

Staffing levels were appropriate, having regard for the size and layout of the centre, 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 staff had access to appropriate training. Training records were maintained and updated and the inspector was assured that all staff working in the centre had completed all the required mandatory training in safeguarding vulnerable residents, those requiring updates were booked into training.

The management team were providing supervision and support to staff, residents and their relatives. A member of the management team had completed an unannounced night inspection to review practices at night.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to ensure the service provided was appropriate and consistently monitored were ineffective in a number of areas and improved oversight in aspects of service are required. For example :

- A number of residents did not have call-bell access in the morning and at times during this inspection, reflecting a culture of care provision that was not person-centred at all times, as further described under Regulation 9: Residents Rights.
- The standard of nursing documentation did not consistently reflect the residents' needs as evidenced under Regulation 5: Individual assessment and care plan.
- While money were safeguarded effectively, the management of financial records held in the centre for one non-resident was not appropriate. The inspector found that staff working in the designated centre acted in a third-

party capacity and had access to and managed the financial records of a person that was not a resident and had never resided in the centre, but whose pension-agent was HSE via a nominated person.

Judgment: Substantially 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. However, their rights were not always upheld and some improvements were required in the standard of nursing documentation.

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 day rooms in both Sunnyside and Meadow view had been enclosed. New fire doors had been installed in both day rooms and in the corridors outside both day rooms. In addition, some of the bedrooms in both units had new wider fire doors installed, while the signage of these doors were on order.

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.

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 however, the care plans did not reflect all the residents' care needs.

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. However, the inspector raised concern regarding the financial records for one person who was not resident in the centre but the provider held records of their finances, denying them their right to privacy.

The communication needs of residents were met. This was reflected in the person-centred detailed communication plans reviewed and the interaction observed between residents and staff.

The risk register and risk management policy were both available for review and both met the regulatory requirements.

Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. Care plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 17: Premises

The premises met the needs of residents and was in a good state of repair inside and outside. Residents had independent access to the enclosed gardens.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy included all the required information in line with the regulations and there was a system in place for responding to risks.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Gaps were identified in nursing assessments and care plans of some residents, from the sample reviewed by the inspector, as follows:

- A review of night time care documents showed that residents were checked every thirty minutes at night, however a large number of residents still in bed at 8 am did not have access to their call-bell. Staff said that several residents were not capable of using the call-bell, however there was no evidence of an individualised risk assessment and this was not reflected in any of the residents' care plans reviewed by the inspector.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. There were appropriate and detailed care plans in place which reflected the residents' individual needs, known triggers and known de-escalation techniques. The use of restraint was minimal in-line with National policy.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding policy in place. Staff had completed safeguarding training and were aware of what to do if they suspected any form of abuse. Any incidents that had occurred in the centre were appropriately investigated and all residents reported that they felt safe and secure in the centre.

The provider acted as a pension-agent for a number of residents. Financial transactions were transparent and a separate account was in place for residents' finances. The processes for management of residents' petty cash were robust and reflected the centre's policy.

Judgment: Compliant

Regulation 9: Residents' rights

While residents had their social and religious needs met, a rights-based approach to care was not being delivered by staff as per the following findings:

- | |
|---|
| <ul style="list-style-type: none">• Multiple residents had no access to their call-bell at 8 am and 2pm when observed alone in their bedroom. This meant that they could not call for assistance if they required it and reflected an institutionalised culture.• Outings for residents had been suspended since early 2025 due to a lack of funding. Residents had brought this to the attention of the provider at a number of residents meetings. The inspector was informed that funding had been secured and that outings were going ahead starting in July 2026. |
| Judgment: Not 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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for The Village Residence OSV-0000538

Inspection ID: MON-0049491

Date of inspection: 08/07/2026

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The Registered Provider acknowledges the findings outlined in the draft inspection report. Following review of the feedback received under Regulation 23: Governance and Management, the Person in Charge has implemented, or is in the process of implementing, the following actions to achieve and sustain compliance: • The Person in Charge has introduced a daily call bell checklist, to be completed and documented by the registered nurse on both day and night shifts. This will ensure that all residents have access to their call bells while in their bedrooms. In addition, a monthly Call Bell Audit has been implemented and will be completed by the Clinical Nurse Managers to provide ongoing oversight and assurance that residents have appropriate access to their call bells. • The Person in Charge and the Assistant Director of Nursing are carrying out spot checks to monitor and to provide additional management oversight of this process. • Residents' care plans are currently being comprehensively reviewed to ensure that each resident's right to access a call bell is clearly documented. For the small number of residents who are unable to safely use a call bell due to an identified risk of ligature, individual risk assessments have been completed. These assessments clearly document the rationale for restricting access and outline the alternative measures implemented to ensure residents can summon assistance promptly. The residents care plan also reflects this. The Care Plan reviews will be completed by 31.08.2026. • The importance of ensuring residents have access to their call bells has been reinforced with all staff and is discussed during daily clinical handovers to ensure continued awareness and compliance at all times. • Oversight of residents' access to call bells has also been incorporated into the centre's Quality and Safety Committee meetings under the agenda item Residents' Rights. Audit findings, trends, actions taken and any areas requiring improvement will be reviewed as part of the governance framework to ensure ongoing monitoring and continuous quality improvement.	

- Financial records relating to an individual who is a non-resident of the designated centre are currently being removed from the centre to ensure records maintained are appropriate, accurate and compliant with regulatory requirements.
- All vacant approved nursing posts and retirements in the centre are currently being actively recruited.
- The vacant 1.0 WTE Assistant Director of nursing post has been escalated for approval and recruitment. In the interim, the designated centre continues to be supported by one full-time Assistant Director of Nursing, who is working alongside the Person in Charge to maintain effective governance, oversight and management of the service.

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:

The Registered Provider acknowledges the findings of the report.

As part of the compliance plan arising from the inspection findings, a comprehensive review of all residents' care plans has commenced to ensure they meet the requirements of the regulations and the National Standards for Residential Care Settings for Older People. This review is focused on ensuring that all care plans are person-centered, holistic and reflective of each resident's individually assessed nursing needs.

Particular emphasis is being placed on residents' rights, including their right to have access to a call bell. Care plans are being reviewed and updated to clearly document that residents have access to their call bells. For the small number of residents who are unable to safely use a call bell due to identified risks of ligature or other associated injuries, an individual risk assessment has been completed. The identified risks, the clinical rationale, and the alternative measures implemented to ensure residents can summon assistance are clearly documented within the residents' individual care plans.

The importance of each resident having access to their call bell is also highlighted at each handover on day and night duty.

To support ongoing monitoring and ensure sustained compliance, daily call bell checks and monthly call bell audits have been implemented. Findings from these audits will be reviewed by the Person in Charge and through the centre's governance structures to ensure any issues identified are addressed promptly and that residents' rights continue to be upheld.

Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: In order to enhance residents' opportunities for social participation and community engagement, the Person in Charge is currently communicating with external transport providers who can supply accessible transport to facilitate planned outings outside the designated centre. Regular planned outings and day trips are commenced and planned for the upcoming months. Once the arrangements have been finalized, the proposed programme of outings will be discussed at the next Residents' Committee meeting to ensure residents' views and preferences are considered. The Person in Charge will ensure that all residents in the designated centre have access to a call bell while in their bedrooms. Daily management oversight has been implemented to ensure that residents continue to always have access to their call bells. A small number of residents who have significantly identified risks associated with the use of a call bell, such as the risk of strangulation or risk for ligatures, have been individually assessed. These risk assessments clearly document the identified risks and the alternative arrangements in place to ensure residents can safely summon assistance while respecting their rights and maintaining their safety. To ensure sustained compliance and promote residents' rights, The Person in Charge will ensure that the Clinical Nurse Managers will complete monthly call bell audits, while the Registered Nurse on each day and night shift will complete and document a daily call bell checklist. The Person in Charge will oversee these audits, review the findings, and sign off once the action plan is completed. The Person in Charge will ensure that all call bell audit findings, identify trends, and any areas requiring improvement will be discussed at the monthly Quality and Safety Committee meetings within the designated centre. The importance of ensuring that residents have consistent and immediate access to their call bells will also be reinforced during daily clinical handovers and safety huddles, supporting staff awareness, accountability, and a rights-based approach to care in the Designated centre. Oversight of call bell access has been incorporated into the designated centre's governance and quality assurance framework. Residents' Rights remain a standing agenda item at both the monthly Quality and Safety Committee meetings and monthly governance meetings. Any identified deficits or areas for improvement will be reviewed, with appropriate actions implemented, monitored, and evaluated to ensure sustained compliance and continuous quality improvement. The Person in Charge is committed to implementing and sustaining the improvements identified in the Inspection Report and ensuring that residents' rights, dignity, choice, and safety remain central to the delivery of care. The designated centre will continue to embed a rights-based approach across all aspects of care and service delivery, in accordance with the relevant national regulatory standards and requirements.	

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.	Substantially Compliant	Yellow	30/11/2026
Regulation 23(1)(c)	The registered provider shall ensure that there are deputising arrangements for key management roles in place.	Substantially Compliant	Yellow	30/11/2026
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have	Substantially Compliant	Yellow	31/08/2026

	been assessed in accordance with paragraph (2).			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	12/08/2026