



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

## Issued by the Chief Inspector

Name of designated centre:	St Anne's Nursing Home
Name of provider:	St Anne's Convalescent Home Ltd
Address of centre:	Clones Road, Ballybay, Monaghan
Type of inspection:	Unannounced
Date of inspection:	13 August 2025
Centre ID:	OSV-0000169
Fieldwork ID:	MON-0046639

## About the designated centre

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

St Anne's Nursing Home is a designated centre for older persons registered to provide residential care for up to 33 residents, both male and female, over the age of 18 years. It provides 24 hour care at all dependency levels for people with age-related chronic illnesses, dementia and mental health issues, palliative needs, respite and convalescence needs. The designated centre is a two story building which used to be a Maternity Hospital in the 1970 and had been refurbished and converted to a residential care home. Accommodation is provided in 25 single bedrooms and four twin rooms. There are two large communal areas, a chapel and a hairdresser facility. The designated centre is located within walking distance from the Ballybay town and has extensive grounds overlooking lakes, rivers and the countryside. Parking facilities are available at the entrance to the centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	33
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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 13 August 2025	08:00hrs to 16:00hrs	Maureen Kennedy	Lead

## What residents told us and what inspectors observed

On the day of inspection, the inspector met with many residents and spoke with visitors to gain insight into their experience of living in St Anne's Nursing Home. Overall, residents told the inspector that they felt safe in the nursing home and that 'the care was the last word'. Visitors told the inspector that the 'staff were wonderful' and that there was 'no issues with care'. There was 33 residents living in the centre on the day of this unannounced inspection.

The inspector observed that following the last inspection, the registered provider had undertaken a programme of remedial works to address issues relating to premises and fire precautions. The inspector observed many positive changes in the centre to improve facilities for the residents. For example, new en-suites had been added to three bedrooms and a hallway had been refurbished. The provider had addressed the issues identified with fire detection, emergency lighting and containment measures at the centre. However, further improvements were required to ensure full compliance with all the regulations and will be discussed further in the report.

On the morning of the inspection, the inspector attended the morning handover (sharing of relevant clinical information in respect of each resident between the shifts) prior to a walkaround the premises. The handover was observed to be comprehensive. A handover/resident information sheet was available for staff and each resident was discussed with any pertinent issues highlighted. The information sheet informed of residents' specific care needs including requirements for manual handling and assistance at mealtime. On the walkaround, the inspector observed the centre to be very clean and fresh. Most residents were still sleeping while some were up and dressed participating in their daily routines, as was their choice. Staff were observed attending to residents' requests for assistance in a kind and patient manner.

Resident bedroom accommodation which comprised of both single and double-occupancy rooms was neat and organised. Many residents had pictures and photographs in their rooms and other personal items which gave the room a homely feel. Residents told the inspector that they were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings.

The inspector observed the daily routine of Mass in the nursing home's chapel. Mass is the first activity of each day for residents who told the inspector that they 'look forward to' and 'enjoy the Mass', with the priest joining the residents for lunch afterwards. Newspapers were delivered daily to the centre and an activities schedule was on display in the main sitting room for residents' information. Activities staff were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed. There were opportunities for residents to participate in group activities including bingo, quizzes and arts and crafts. Residents also had opportunity to participate in individual activities such as aromatherapy and reflexology. The

centre's hairdresser was in attendance on the day of inspection and residents were observed enjoying the experience. In the afternoon, residents were observed sitting outside on the open terrace enjoying the lovely views with care staff in attendance and music playing. Residents' family and friends were observed visiting residents throughout the day of the inspection.

The inspector observed the dining experience. There was a calm unhurried atmosphere as residents dined. There was a menu available with choice of courses and a variety of drinks were offered to residents. There was ample staff assisting the residents as required and staff spoken with, were knowledgeable of residents' dietary needs including relevant modified diets. Feedback received from residents on the day of the inspection was that they enjoyed the meals on offer. All interactions between staff and residents were observed to be kind and caring.

A laundry service was available on site. The inspector noted, in line with the previous compliance plan, that the provider had completed some remedial works in the laundry rooms. However, the area required further attention, as outlined under premises and infection control regulations further in the report.

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

Overall, this inspection found that the quality and safety of the service provided to residents was of a high standard and residents were supported to have a good quality of life. The findings reflected a commitment from the provider to ongoing quality improvement in order to enhance the daily lives of the residents. The inspector followed up on the compliance plans from the previous inspection and acknowledged the improvements and positive changes, however some actions remain outstanding. This inspection found that further action was required by the provider in bringing the designated centre into compliance with the regulations, specifically in respect of governance and management, management of records, premises and fire precautions, as further discussed in the report.

The registered provider of St Anne's Nursing Home is St Anne's Convalescent Home Limited which is part of the Hibernia Nursing Home group. A senior management team was in place to provide managerial support to the person in charge who was responsible for the local day-to-day operations in the centre. The person in charge was supported by a clinical nurse manager, a team of nurses and healthcare support staff. There was a governance system in place to monitor the centre's quality and safety. There was evidence of an ongoing schedule of audits in the centre which

reviewed areas such as infection prevention and control (IPC), hand hygiene and fire management. However, the inspector was not assured of the learning from such audits, as discussed under Regulation 23: Governance and management. The annual review 2024 was available for review by the inspector.

The inspector saw adequate numbers of staff to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. Staff had the required skills and competencies and were visible within the nursing home tending to the residents in a respectful manner. Arising from the findings of a previous inspection, the provider had committed to increase the night-time staffing levels to ensure effective evacuation of residents in an emergency situation. The inspector reviewed the staff rosters and was assured that measures had been put in place with a minimum of four staff present: one staff nurse and two carers on each night with the addition of a fourth member of staff on site from 22:00 hours until 06:00 hours. The fourth member of staff was a cleaning staff member.

The inspector followed up on the compliance plan of the previous inspection regarding Regulation 21: Records. The inspector acknowledges that the registered provider had registered a locked store room underneath the building and had moved all records to a designated file store within this store room. However, access to the file store was not possible on the day of the inspection due to excessive amounts of materials being stored in the storeroom blocking the entrance to the file store. The inspector also observed flammable materials in the store room were posing a high risk of fire. An immediate action was given and the inspector was assured that the provider cleared the storeroom of the combustible materials on the day of the inspection to reduce the risk. The provider submitted photographic evidence following the inspection showing clear access to the file store. Notwithstanding the corrective action, this was also a finding on the inspection of September 2024, where an immediate action had been given in this respect.

## Regulation 15: Staffing

There were adequate numbers of staff on duty with appropriate skill-mix to meet the needs of the 33 residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

## Regulation 21: Records

The file store containing records could not be accessed by the inspector on the day of inspection as the entrance was blocked by storage items. The registered provider did not ensure that all records were stored in a safe manner. The file store was in a store room where combustible items were located. This is a repeat finding.

Judgment: Not compliant

### Regulation 23: Governance and management

While the inspector acknowledges the improvements made in the centre, there were repeated findings that continued to impact the safety of the residents and areas were identified where action was required to ensure that the service provided was appropriate, consistent and effectively monitored. For example:

- A repeated non-compliance was identified in relation to Regulation 28: Fire precautions. The registered locked store room underneath the building was observed to have combustible items. An immediate action was issued on the day of inspection to reduce the risk.
- The storage of records required management oversight, as there were repeat findings in respect of unsafe storage of residents' files. The designated file store is within a store room. Records could not be accessed on the day of inspection due to the excessive amount of items located in the store room blocking admittance to the file store.
- An audit completed at the centre highlighted a requirement for improved cleanliness in the laundry. There was no meaningful action plan generated in respect of this finding and the inspector observed that the laundry was not included in a deep cleaning schedule.

Judgment: Not compliant

### Quality and safety

Overall, 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. Residents and visitors voiced their satisfaction with the care provided in the centre. However, further improvements were required in relation to premises, infection control and fire precautions which will be discussed under their respective regulations.

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. The inspector was told that the provider was in the process of changing from a paper to an electronic system of care planning.

A programme of works on the premises was completed since the last inspection including addition of new en-suites to some bedrooms and a hallway refurbishment, with further plans for an extension of the open terrace area at the front of the centre. Notwithstanding this, the inspector found some serious risk concerns in the newly registered store room in the floor under the centre. Flammable materials in the store room in the floor under the centre was posing a high risk of fire as further discussed in Regulation 28: Fire Precautions.

The inspector noted that following the last inspections, the registered provider had put in place an improvement plan to enhance infection prevention and control (IPC). The addition of a cleaning staff on site from 22:00 hours until 06:00 hours each night was reflected in the premises which was observed to be clean and fresh on the morning of the inspection. However, the fire escape stairwells were observed to be dusty and in the laundry room, a washing machine and floor area required attention. A deep cleaning schedule was in place, however these areas were not included on the schedule.

### Regulation 17: Premises

Overall the premises was well-maintained and appropriate to the number and needs of the residents living in the centre.

Judgment: Compliant

### Regulation 27: Infection control

The registered provider had not ensured that all procedures, consistent with the National standards for the prevention and control of health care associated infections were implemented by staff. For example:

- The deep cleaning schedule drawn up by the provider did not include all areas. This resulted in aspects of the premises that were not clean to an appropriate standard. For example, some stairwells were dusty, and the floor

<p>in the laundry facility was unclean.</p> <ul style="list-style-type: none"> <li>• The laundry facilities required further review. The integrity of the surface of a press within the laundry area was broken and therefore could not be effectively cleaned. Equipment such as washing machines were visibly unclean. This find posed a risk of cross-infection to residents. This is a repeat finding from the previous inspection.</li> </ul>
Judgment: Substantially compliant
Regulation 28: Fire precautions
<p>Notwithstanding the improvements made in respect of fire safety since the last inspection, the registered provider did not take adequate precautions against the risk of fire. For example:</p> <ul style="list-style-type: none"> <li>• Inappropriate storage practices presented a significant safety risk to the centre and the residents living there. The practice of storing petrol equipment alongside flammable materials such as other solvents in the store room under the building, was posing a high risk of fire. The provider cleared some of the materials from this area on the day of the inspection, and photographic evidence was submitted after the inspection to indicate that the risk was reduced. However, this was a repeat immediate action given to the registered provider in this respect.</li> </ul>
Judgment: Not compliant
Regulation 5: Individual assessment and care plan
<p>Care planning documentation was available for each resident in the centre. A sample of resident 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.</p>
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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant

# Compliance Plan for St Anne's Nursing Home OSV-0000169

Inspection ID: MON-0046639

Date of inspection: 13/08/2025

## 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	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The storage area has been decluttered to allow easy access to historical records. This area will be visibly checked and audited by management monthly with regular spot checks throughout the month. Any problems identified will be actioned immediately and followed up by senior management. The key for the room where records are stored is with the person in charge so no other staff have access to this area unless with permission from the person in charge. The room where records are stored is a separate room within a storage area. Specific instruction as to what can be stored in this area has been addressed with maintenance.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: We have a provisional date of completion of the 30th November 2025 but this is dependent on the availability of the tiler. The schedule of audits will be reviewed and strengthened to ensure all the above areas are included. Senior management will be on site 2-3 days per week to assist and support the PIC and to oversee compliance in all areas mentioned above and to ensure audit and action plans are followed up and completed. All above will be discussed at monthly governance and management meetings which includes the RPR, RM,PIC,CNM and physiotherapist. The RPR will liase with the registered provider to ensure completion of works in a timely manner	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Since the introduction of the night housekeeper significant improvements have been made and a more robust cleaning schedule has been developed and is maintained with the oversight of nurses and management to ensure compliance in infection prevention and control. Education and training will be provided to all staff.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Specific instruction as to what can be stored in the storage areas has been addressed with maintenance and this will be audited monthly by management with regular spot checks also. The access to storage areas will be limited to maintenance and management. Outside contractors will have no access to these areas.</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 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.	Not Compliant	Orange	22/10/2025
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	22/10/2025
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.	Not Compliant	Orange	30/11/2025
Regulation 27(a)	The registered provider shall ensure that	Substantially Compliant	Yellow	30/11/2025

	infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/11/2025