



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:	27 January 2026
Centre ID:	OSV-0000169
Fieldwork ID:	MON-0049322

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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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 27 January 2026	08:45hrs to 15:30hrs	Marguerite Kelly	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Over the course of the inspection the inspector spoke with residents, and staff to gain insight into what it was like to live in St Anne's Nursing Home. There were no visitors present during the hours of inspection. The inspector spent time observing the residents daily life in the centre in order to understand the lived experience of the residents. Those spoken to were positive about their experience of living in St Anne's Nursing Home, and were complimentary of the staff. One resident informed the inspector that 'its lovely here, staff are very good to me but they are very busy at night'. While another said 'yes its good here and the food is good'. There were residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. However, those residents who could not communicate their needs appeared to be relaxed and enjoyed being in the company of staff.

On arrival to the centre, the inspector was greeted by the Clinical Nurse Manager (CNM). The inspector started a walk around the centre and was joined shortly after by the Person in charge (PIC).

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and had a good oversight of the service. The person in charge was well known to the residents. Residents were observed sitting in communal rooms, walking along corridors and some residents remained in their bedrooms.

The designated centre is a two story building which used to be a Maternity Hospital in the 1970s and had been refurbished and converted to a residential care home. Accommodation is provided in 25 single bedrooms and four twin rooms. Residents' bedrooms that were viewed by the inspector were all clean, contained plenty of storage, and decorated with personal items. Televisions, internet and call bells were provided in these bedrooms. There were a variety of activities for residents to choose from. All activities available were displayed on a notice board. During the day of the inspection several groups of residents were seen enjoying the daily activities.

Linen, bedding and resident personal clothes were laundered on site. During previous inspections, the on-site laundry facilities were highlighted for failing to meet infection prevention and control (IPC) standards. The provider has since launched a renovation project to address these deficiencies, the upgrades were still in progress at the time of inspection.

Some residents were seen to take meals in the dining room, and others took meals in their bedrooms. Feedback from residents was positive about the meals, and choices available. The dining room was bright and well presented, and staff supported residents to get the meals and drinks of their choice. Some residents

required support taking their meals, and this was provided by staff. The main kitchen was clean and of adequate in size to cater for resident's needs. Toilets and changing rooms for catering staff were in addition to and separate from care staff facilities.

The housekeeping room was in good condition and contained clean and functioning equipment. However, did not contain a hand washing sink for staff to use to prevent cross contamination.

There were two sluice rooms (room dedicated for the reprocessing of bedpans, urinals and commodes). The downstairs sluice had inappropriate items stored in this room. For example; bed table and garden supplies. There was a knee operated hand hygiene sink in this room with exposed piping and on the day of inspection had no hot water. Similar findings was found in other sinks around the centre. The inspector was informed that a new boiler had been installed the day before and they were waiting for the electrician to return to complete the installation. Confirmation has been received since the inspection that this is now resolved. Staff were using hot water from the parts of the centre that were working during this renovation. Additionally, unclean bedpans were stored on a sink and on top of the bed pan washer, waiting to be loaded into the bed pan washer. Placing unclean bedpans on top of the washer and/or a sink allows organic matter and pathogens to contaminate high-touch surfaces increasing the risk of cross infection. These rooms did contain commode pan racks and drip trays for the storage of bedpans and urinals post disinfection.

The upstairs sluice room was clean and tidy with no inappropriate stored items. However, the bed pan washer was not functioning. The centre were expecting an installation the next day for a new bed pan washer. On follow up post inspection the centre confirmed the installation is still outstanding and are still waiting for delivery. Without a functioning bed pan washer on this floor the facility lacks a validated method for thermal disinfection which is essential to remove infectious agents found in human waste.

The organisation of storage space required review as numerous storage rooms and areas were cluttered, items inappropriately stored and equipment and resident supplies were not segregated from each other. For example; resident walking frames stored in a toilet, incontinence wear stored in shared bathrooms, Despite, these observations a good standard of cleaning was observed on the day of inspection.

Alcohol hand gel dispensers were in place along the corridors but were not available at the point of care in resident bedrooms. There were hand-wash sinks available in the centre which were accessible, and compliant as outlined in HBN 00-10 Part C Sanitary Assemblies which is the standard required for sanitary ware.

There were dedicated nurse's room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings. Sharps boxes were seen with temporary closure mechanism not in place, and sitting on a frame instead of sitting within the frame. If a bin is knocked over or dropped, an open lid

allows contaminated needles to spill out, creating an immediate needlestick injury risk for staff and residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted 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 to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection had a specific focus on the provider's compliance with IPC oversight, practices and processes.

The inspector followed up on the last compliance plan from the last inspection in August 2025. The findings of this inspection were that the provider had taken action to improve the quality and safety of the premises for residents. Improved laundry facilities, procedures for the secure storage of documentation were implemented and all unnecessary combustible items were decanted from the premises to improve fire safety. Notwithstanding the progress made, this inspection identified, Regulation 17: Premises, Regulations 23: Governance and management, and Regulation 27 Infection Control remain not in full compliance with the regulations. Findings will be discussed in more detail under the respective regulations.

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.

On the day of inspection, there appeared sufficient staffing levels and an appropriate skill-mix across departments to meet the needs of the residents. This finding was reinforced by feedback from residents. Although one resident did mention the wait times for assistance at night was longer 'as staff were busy'.

The provider had nominated a senior nurse to the role of infection prevention and control link practitioner to increase awareness of IPC and antimicrobial stewardship. They demonstrated a commitment and interest for their role. For example, completing regular IPC audits and support. However, protected hours were not allocated to the role of IPC link practitioner. Therefore some practices such as

management of sharps and sharps boxes were not implemented in line with national IPC guidelines.

The quality and safety of care was being monitored through a schedule of audits including infection prevention and control. However, the audits were not capturing the findings seen on the day of inspection. For example; storage, sluice room and toiletry management.

The centre had up to date infection prevention and control policies which covered aspects of standard precautions and transmission-based precautions. A review of training records indicated that most of the staff were up to date with IPC training in line with their role within the centre.

Surveillance of healthcare-associated infection (HCAI) and multi-drug resistant bacteria colonisation was routinely undertaken and recorded. Documentation reviewed identified some examples of antimicrobial stewardship practice. However, the programme needed to be further developed, strengthened and supported in order to improve antimicrobial use and combat antimicrobial resistance. For example; more detail was required on this register to describe what method of diagnosis was used for example what type of sample or swab was used.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and colour coded cloths and mops to reduce the chance of cross infection. Similarly, housekeeping staff spoken to had a good understanding of the cleaning and disinfection needs of the centre.

The registered provider ensured there was a structured effective communication system in place between staff and management that included daily handover meetings, clinical governance meetings and regular staff meetings. Meeting records included improvement actions and the responsible person. A review of notifications submitted to HIQA found that outbreaks were generally managed, controlled and reported in a timely and effective manner. The provider had implemented a number of Legionella controls in the centres water supply. For example, infrequently used outlets and showers were run weekly. Documentation was not available to confirm that the hot and cold water supply was routinely tested for Legionella to monitor the effectiveness of controls.

Regulation 15: Staffing

From the observations of the inspector and from speaking with residents and staff, there were adequate numbers and skill mix of staff on duty on the day of the inspection to meet the assessed needs of residents. Staff were observed to be kind and courteous to residents and responded to their requests for assistance in a timely manner.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Both local and national IPC policies were available to guide and support staff

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there was a clearly defined management structure in place and staff who spoke with inspectors were aware of their roles and responsibilities. There were mostly effective management systems in place to monitor the safe and effective infection prevention and control practices.

Further action is required to be fully compliant. This is evidenced by:

- While some Legionella controls were in place, water samples were not routinely taken to assess the effectiveness of the local Legionella control program.
- There were ineffective management systems to monitor the quality of infection prevention and control measures including equipment storage and environmental hygiene. For example; the sluice room management for commode pans and urinals and inappropriate storage of non-sluice items.
- Various strategies were in place to ensure appropriate use of antimicrobial medications, aiming to mitigate the risk of antimicrobial resistance. These measures included monthly monitoring. However, there was little analysis of antibiotic usage in terms of volume, indication, and effectiveness. This information will help inform quality improvement plans to maximise the benefit of antimicrobial therapy.
- Staff, management and resident meetings were taking place regularly but in some cases agenda and quality improvement plans were missing. This could lead to specific IPC concerns not being raised or discussed and was a lost opportunity for improvement outcomes for residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre had notified the Chief Inspector of all outbreaks of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Overall, residents spoken with said they had a good quality of life. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction and residents had opportunities to participate in group or individual activities.

Residents were consulted with regarding the running of the centre through regular residents' meetings which were well attended by the residents. From a review of minutes of these meetings, it was evident that issues such as food and activities were discussed. Action plans were completed.

The centre had arrangements in place to ensure that visiting did not compromise residents' rights, and was not restrictive. Residents were able to meet with visitors in private or in the communal spaces throughout the centre. Residents had timely access to their general practitioners (GPs) and specialist services such as tissue viability and physiotherapy as required. Residents also had access to other health and social care professionals such as speech and language therapy, dietitian and chiropody.

An IPC assessment formed part of the pre-admission records. These assessments were used to develop care plans that were seen to be person-centred. There was evidence that the care plans were reviewed by staff at intervals not exceeding four months. The inspector reviewed the management of wound care, MDRO and catheter care and found they were generally well managed and guided by adequate policies, practices and procedures.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to hospital. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Staff were observed to apply basic IPC measures known as standard precautions to minimise risk to residents, visitors and their co-workers. The registered provider had substituted traditional unprotected sharps/ needles with a safer sharps devices that incorporate features or a mechanism to prevent or minimise the risk of accidental injury. Notwithstanding some of the good practices in IPC seen there were some areas that needed improvement. For example, alcohol hand gel was available along corridors but not at the point of care (in resident bedrooms). There were toiletries

seen around the centre not labelled for a specific resident. Shared toiletries, create a risk of cross-infection between residents. Similarly, some of the double rooms observed by the inspector did not have separate toiletries cupboards in the shared ensuites.

Regulation 11: Visits

There were no visiting restrictions in place. Although there were no visitors on site during the hours of inspection, documentation was seen showing residents were able to meet with visitors during this outbreak. The visiting policy outlined the arrangements in place for residents to receive visitors and included the process for normal visitor access, access during outbreaks and arrangements for residents to receive visits from their nominated support persons during outbreaks.

Judgment: Compliant

Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises were well maintained. Communal areas were spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Outdoor space was independently accessible and safe for all residents living in the centre. However, some areas required review to be fully compliant with Schedule 6 requirements, for example:

- There was no hand wash sink in the housekeeping room to enable staff to wash their hands after removing PPE or handling soiled materials.
- Storage areas were cluttered, items inappropriately on the floor. Resident equipment and supplies were not segregated from general supplies, making these areas difficult to clean and increasing risk of contamination.
- There was no individual storage provision in double room ensuites.
- The upstairs bed pan washer was non-functional at the time of inspection. While a replacement was ordered, follow-up confirmed that the installation remains outstanding due to supplier delays. The absence of a functioning bed pan washer prevents the validated thermal disinfection of reusable utensils increasing the risk of cross-contamination.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Where the resident was temporarily absent from the designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and risk register in place which identified hazards and control measures for the specific risks outlined in the regulations. Arrangements for the investigation and learning from serious incidents were in place and outlined in the policy.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. This was evidenced by:

- Alcohol hand gel dispensers were in place along the corridors but were not available at the point of care in resident bedrooms.
- Sharps boxes were seen with temporary closure mechanism not in place, and sitting on a frame instead of sitting within the frame. If a bin is knocked over or dropped, an open lid allows contaminated needles to spill out, creating an immediate needlestick injury risk for staff and residents.
- Multi Drug Resistance Organism (MDRO) surveillance needs more detail to identify and close gaps in infection control and containment.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of care plans and assessments found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents.

Judgment: Compliant

Regulation 6: Health care

Records showed that residents had access to medical treatment and expertise in line with their assessed needs, which included access to a range of healthcare specialists.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured residents were consulted about the management of the designated centre through participation in residents meetings. Residents also had access to an independent advocacy service.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0049322

Date of inspection: 27/01/2026

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Legionella monitoring procedures have been reviewed and an external contractor will carry out biannual sampling of the hot and cold water systems to monitor the effectiveness of the legionella control program. Records of testing and monitoring will be maintained and reviewed as part of governance oversight. • The Infection prevention and control audits have been reviewed to ensure environmental hygiene, equipment storage and the management and storage of items in the sluice room are included. The findings of these audits will be reviewed by the Person in Charge and discussed at clinical governance meetings. • The antimicrobial stewardship program has been revised and will monitor the amount of monthly antibiotic use, MDRO's, the type of infection and the effectiveness of treatment. A quality improvement plan will be developed from this to ensure we are getting the maximum benefit from prescribed antimicrobial therapy and to identify any developing trends and then discuss alternatives that may be used to reduce antimicrobial use. • New templates have been developed for management, staff and residents' meetings which include agenda, minutes and action plans. IPC is now included as an agenda item. 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A hand wash sink has been sourced and will be installed in the housekeeping storage room to allow appropriate hand hygiene after handling soiled items and removing PPE. A new handwashing sink has been installed in the laundry area since the inspection. • All storage areas have been reviewed and items that were stored on the floor have been removed. Residents equipment will not be stored with general supplies or in inappropriate areas. • The bathroom cabinets located in the shared ensuites and the residents personal belongings will be marked more clearly with the residents names to ensure easy identification for staff. • The new bedpan washer was installed on the 17th February 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Additional hand gel dispensers have been sourced and will be installed. • A new frame has been provided appropriate to the size of the sharps box to ensure it is secure. Staff have been reminded of the correct procedures for the management of sharps and the importance of using the temporary closure mechanisms when the bin is not in use. This will be monitored through IPC audits. • Staff have received guidance regarding appropriate sluiceroom practices and bed pans and urinals will be processed immediately using appropriate equipment • The antimicrobial stewardship program has been revised and will monitor the amount of monthly antibiotic use, MDRO's, the type of infection and the effectiveness of treatment. A quality improvement plan will be developed from this to ensure we are getting the maximum benefit from prescribed antimicrobial therapy and to identify any developing trends and then discuss alternatives that may be used to reduce antimicrobial use. 	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	09/03/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the	Substantially Compliant	Yellow	31/03/2026

	Authority are in place and are implemented by staff.			
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