



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Ursula's Nursing Home
Name of provider:	Ballyhavil Limited
Address of centre:	Golf Links Road, Bettystown, Meath
Type of inspection:	Unannounced
Date of inspection:	11 February 2026
Centre ID:	OSV-0000171
Fieldwork ID:	MON-0049325

About the designated centre

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

The centre provides 24- hour nursing care for up to 24 residents over the age of 18 years, male and female, who require long-term and short-term care or respite. The building has two storeys. Communal facilities and residents' bedroom accommodation consists of 24 single bedrooms, one bedroom with en-suite shower and one bedroom with toilet facility. Communal facilities, bathrooms and toilets are available and located within a reasonable distance from bedrooms and communal areas. The centre has a spacious lounge with a variety of seating options and a number of other sitting areas with views outside. A separate dining room is available on the opposite end of the lounge and sitting areas, with 17 bedrooms in between and seven bedrooms on the first floor. There is a passenger lift available to residents. An accessible, safe, and secure outdoor courtyard contains block paving, seating areas and a variety of shop front displays. The philosophy of care is to provide high-quality, personalized, friendly and informed care to residents. The Nursing Home endeavours to foster an ethos of independence and choice where residents can recover and build confidence in their abilities with a high standard of nursing and medical care provided. A commitment to providing privacy, dignity and confidentiality to the residents and their families underpins the centre's mission statement.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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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
Wednesday 11 February 2026	07:30hrs to 15:00hrs	Yvonne O'Loughlin	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were very happy living in St. Ursulas Nursing Home and their rights were respected in how they spent their days. Residents who spoke with the inspector expressed satisfaction with the staff, food, bedroom accommodation and services provided to them. There was a homely feel to the centre and the provider had made improvements to the decor and upkeep of the premises in the last two years.

The inspector was met by the nurse in charge on arrival to the centre. Following an introductory meeting, the inspector walked through the centre and reviewed the premises. The inspector met with the majority of residents during a walk around the centre and spoke with seven residents in more detail about their lived experience in the centre. One of the residents said "this home was like a small community where every one is treated like family".

The inspector met with five visitors during the inspection. Visitors expressed a high level of satisfaction with the quality of the care provided to their relatives and friends and stated that their interactions with the management and staff were positive. Visitors reported that the management team were approachable and responsive to any questions or concerns they may have.

Call-bells were available throughout the centre. Staff were responsive and attentive without any delays in attending to residents' requests and needs. Staff knocked on residents' bedroom doors before entering. The inspector observed that staff were familiar with residents' needs and preferences and that staff greeted residents by name. Residents appeared to be relaxed and enjoyed being in the company of the staff.

The centre provided accommodation situated near the sea-side for a maximum of 24 residents. There are two floors in the centre, accessible by a lift or stairs. All the bedrooms were single occupancy rooms, two of which had en-suite facilities.

The main kitchen on the ground floor was clean and of adequate in size to cater for resident's needs. Residents were complimentary of the food choices and homemade meals made on site by the kitchen staff. However, designated toilets for catering staff were not separate from toilets for other staff which is not in line with food safety best practice guidance and this is discussed under Regulation 27: Infection control.

The general environment including residents' communal areas, toilets and bedrooms were clean, well ventilated and odour free.

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 impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

Overall, this centre was generally striving to be compliant with the regulations and there was a good team of staff committed to providing direct quality care to residents. Notwithstanding this, this inspection found there were significant issues with the management of IPC as discussed in this report which requires attention.

This unannounced risk inspection was carried out by an inspector of social services over one day to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people Regulations 2023 to 2025 (as amended)). There was a particular focus on infection prevention and control (IPC). The inspector followed up on the compliance plan from the previous inspections, where most actions had been addressed. Improvements were noted in the overall cleanliness of the centre. The provider had increased housekeeping hours to support and maintain these standards. Also, new clinical hand-wash sinks were available for staff use that were easily accessible.

Ballyhavl Limited is the registered provider for St.Ursula`s. The person in charge of the centre was on long term leave hence this position was filled with a regional manager who met the requirements of the person in charge that is outlined under the regulations. The inspector saw that there were management systems in place to review the service, however, the auditing system did not capture the findings that the inspector observed on the day. This is discussed under Regulation 23: Governance and management.

Responsibility for IPC and antimicrobial stewardship within the centre rested with the person in charge. However, the provider had not nominated a staff member with the required training and protected hours allocated, to the role of IPC link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. This impacted on the quality of the service provided to the residents and the staff.

Based on the sample of care plans viewed, action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example: accurate information was not recorded in four care plans to effectively guide and direct the care of some residents colonised with an infection.

The provider had implemented a number of risk management processes one of which was *legionella* controls in the centres water supply. For example, unused

outlets/ showers were run weekly. However, routine testing for *legionella* in hot and cold water systems was not undertaken to monitor the effectiveness of these controls.

The registered provider had assessed that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. The inspector observed staff providing care for residents and staff were knowledgeable regarding the residents needs. Residents' call bells were answered promptly and residents were appropriately supervised in communal areas.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. Housekeeping hours had significantly increased since the last inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were up-to-date with training in moving and handling procedures, fire safety, safeguarding of residents from abuse and hand hygiene. Arrangements were in place to ensure that staff were given opportunities to update their skills and knowledge, as required.

Staff were appropriately supervised, according to their individual roles.

Judgment: Compliant

Regulation 23: Governance and management

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23 (d) were not sufficiently robust. This was evidenced by the following:

- The provider had not nominated an appropriate staff member, with the required training, to the role of IPC link practitioner to support staff to implement IPC and antimicrobial stewardship practices within the centre.

- The system of oversight in relation to IPC was not robust. For example, surveillance of multi-drug resistant organism (MDRO) colonisation was not comprehensive. As a result, there was some ambiguity among staff and management regarding which residents were colonised with MDROs. This meant that staff were unable to monitor the trends in development of antimicrobial resistance within the centre. A review of acute hospital discharge letters and laboratory reports found that staff had failed to identify a small number of residents that were colonised with MDROs . Findings in this regard are presented under Regulation 27: Infection control.
- Disparities between the finding of local audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the *National Standards for infection prevention and control in community services (2018)*. While antibiotic usage was recorded, there was no documented evidence of multidisciplinary targeted antimicrobial stewardship audits or quality improvement initiatives.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre informed the Chief Inspector of all notifiable incidents required by the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. Residents appeared well cared for with their personal care needs being met. Their social care needs were incorporated into their daily care, which they all appeared to really enjoy. However, deficits in the governance and management and the oversight of infection prevention and control were impacting on the overall quality and safety of the service provided.

Clinical hand-wash sinks had been installed within easy walking distance of all resident's bedrooms for staff use. These sinks complied with the required specifications for clinical hand wash sinks. However some barriers to good hand hygiene were present. For example, the hand hygiene sink in the sluice was broken and in the other sluice the hand hygiene sink was obstructed. Findings in this regard are presented under Regulation 27: Infection control.

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. There was no record of any transfer documents kept in residents files. The paper based system was planning to move to a computerized system to give better and a more timely access to residents files.

The volume of antibiotic use was monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. However, further improvements were required to progress the antimicrobial stewardship programme. While staff were monitoring antimicrobial consumption monthly, this data was not routinely audited to inform quality improvements.

Overall, the facilities and premises were observed to be clean and tidy and adequate for the needs of the residents. The centre was clean and odour free on the day of the inspection. The ancillary facilities generally supported effective (IPC) but improvements were required for a safe and effective service in terms of the layout of the laundry. For example, to access the storage of cleaning products it was necessary to walk through the dirty section of the laundry to a storeroom at the end. This is discussed further under Regulation 17: Premises.

There had been no outbreaks of notifiable infections detected in 2025 to date. Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. Appropriate use of personal protective equipment (PPE) was observed during the course of the inspection. However, a number of issues were identified which may impact the effectiveness of infection prevention and control. Details of issues identified are set out under Regulation 27. Infection control.

Residents had access to appropriate medical and allied health care support to meet their needs. 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.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

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 conformed to the matters set out in Schedule 6 Health Act Regulations (2013). The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs but needed further improvements to be fully compliant. For example;

- The room used for preparing cleaning products was a store room at the end of the laundry that was classed as the "dirty area" for processing laundry. This increased the risk of cross contamination.
- The floor of the laundry room was galvanized with ridges and could not be cleaned effectively.

Judgment: Substantially compliant

Regulation 27: Infection control

Infection prevention and control and antimicrobial stewardship governance arrangements did not ensure the sustainable delivery of safe and effective infection prevention and control. For example:

- There was no separate toilet and changing facilities for catering staff. This is not in-line with best practice guidance for food safety to reduce the risk of cross contamination. Catering jackets and bags were stored in the small back kitchen attached to the main kitchen.
- The IPC policies in place were not detailed enough to give sufficient guidance to staff. For example, in relation to cleaning and laundry management and antibiotic stewardship.
- The provider had implemented a number of *legionella* controls in the centre's water supply. For example, unused outlets and showers were run weekly to minimise the risk of proliferation of *legionella* bacteria. However, routine testing for Legionella in hot and cold water systems was not undertaken to monitor the effectiveness of the controls
- Laundry was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by,
 - Improvements were required in the management of cleaning textiles. A domestic washing machines was used to wash dark clothing. As a result, the inspector was not assured that correct thermal disinfection temperatures were reached to ensure that textiles were washed at a minimum of 65° for ten minutes or 71° for four minutes.
 - Linen was not segregated in line with the centre's own policy for managing linen. For example, the red laundry bag had items inside that were not placed in an alginate bag.

- Clean laundry was stored on top of the linen skips when healthcare assistants were delivering care.
- Equipment was not managed in a way to reduce a healthcare associated infection. For example:
 - The needles used for injections and drawing up medication lacked safety devices in line with best practice guidelines. This omission increased the risk of needle-stick injuries, which may leave staff exposed to blood borne viruses.
 - Cleaning processes required review. For example, there was no dosing system to ensure that the correct amount of solution was used to dilute the cleaning products. This is a repeat finding from an inspection in June 2024.
 - Some equipment needed replacing to facilitate effective cleaning. For example, two mattresses were heavily worn to the inner foam, the dressing trolley was rusty, two pressure relieving chair cushions were worn.
 - The bedpans on the clean rack in the ground floor sluice were visibly dirty.
 - Barriers to good hand hygiene practices were observed. For example, the hand hygiene sink in the sluice was broken and the other hand hygiene sink in the other sink was obstructed.
 - There was no separate toilet and changing facilities for catering staff. This is not in-line with best practice guidance for food safety to reduce the risk of cross contamination. Catering jackets and bags were stored in the small back kitchen attached to the main kitchen.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Based on the sample of care plans viewed, action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- Accurate information was not recorded in four care plans to effectively guide and direct the care of some residents colonised with an infection.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with timely access to a medical practitioner and other health and social professionals in line with their assessed needs. There were no residents with pressure ulcers. Residents that were living in the centre for respite care received physiotherapy as required.

Judgment: Compliant

Regulation 9: Residents' rights

All residents who spoke with the inspector reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. Residents rights and choice were respected in the centre and the service placed an emphasis on ensuring residents had consistent access to a variety of activities, seven days a week.

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 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Ursula's Nursing Home OSV-0000171

Inspection ID: MON-0049325

Date of inspection: 11/02/2026

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"> · An IPC Link Practitioner has been formally appointed and will complete specialist training by June 2026. · Monthly governance meetings are ongoing with IPC as a standing agenda item, this will be discussed in more detail with A structured antimicrobial stewardship programme discussing MDROs and ensuring follow up is in place. Care plans are now specific and all have follow up dates in place. Also ensuring that all staff are aware by including discussing at handovers. Any residents with a MDRO is highlighted to staff by a symbol on their door. <p>Introduction of quarterly multidisciplinary audits involving GP/ pharmacist (commencing May 2026)</p> <p>All Audit findings will be discussed at governance meetings and used to drive continuous improvement</p> <p>Clear communication systems have been introduced to ensure all staff are aware of residents' infection status and required precaution</p>	
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 full review of the laundry workflow has to be completed to ensure clear separation between clean and dirty processes. · Interim control measures will be implemented by installing new flooring for easy cleaning until the new laundry and catering areas are completed early next year. 	

Weekly environmental audits/walkarounds to continue and to monitor compliance throughout the building
 Planning permission has been submitted to MCC and works will commence later in the year to construct a new laundry and catering changing area. Plans have not been completed as yet, but we will liase with HIQA when doing same.

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Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- An additional onsite IPC Link Practitioner has been appointed and will complete specialist training by June 2026.
- A structured IPC audit programme will be continued , with monthly audits and management review.
- All IPC related policies are under comprehensive review and update to include clear guidance on:
 - Cleaning and disinfection
 - Laundry management
 - Antimicrobial stewardship
- Updated policies to be implemented and communicated to staff by May 2026.
- A Legionella testing programme has been introduced in line with best practice.
- First round of testing completed April 2026, with ongoing monitoring schedule in place.

Laundry procedures have been revised to ensure:

- Strict segregation of clean and dirty linen
- Correct use of alginate bags
- Compliance with thermal disinfection standards
- Domestic washing processes reviewed; appropriate equipment and settings will be implemented to meet required temperatures.
- Replacement of worn mattresses, cushions, and damaged equipment completed February2026.
- Rusty and non-cleanable equipment removed and replaced.
- Cleaning processes reviewed and standardised.
- A dosing system for cleaning chemicals is being installed by May 2026 to ensure correct dilution.
- Cleaning schedules and checklists are monitored by the PIC /CNM daily.
- The sink in the sluice room was not broken, it works by a sensor, all staff re-educated on same completed February 2026.
- Safety-engineered needle devices have been ordered and are in use

- Staff training on safe sharps use completed

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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:

A full review of all resident care plans has been completed to ensure accuracy and completeness. We are also in process of transferring all documents to Epicare

- All care plans have been updated to reflect current clinical needs, including infection status and required precautions.
- Care plans are now aligned with the centre's MDRO register to ensure consistency and accuracy.
- Alerts/flags introduced within care documentation to ensure all staff are aware of required precautions.
- Targeted training on care planning and documentation will be completed to all nursing staff by May 2026.
- Monthly care plan audits will continue and audits will focus on below.

- Accuracy and completeness
- Timely updates following changes in condition
- Alignment with infection control requirements
- Audit findings will be reviewed at clinical and governance meetings, with corrective actions implemented as required.
- Care plans will be formally reviewed at least every four months, or more frequently where residents' needs change, we are in the process of changing over to Epicare which will highlight more clearly when updates are required
- Daily handovers and clinical reviews will support timely updates to care documentation.
- Supervision and spot checks by senior nursing staff will ensure compliance is maintained.

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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	31/01/2027
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	30/06/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the	Not Compliant	Orange	30/06/2026

	Authority are in place and are implemented by staff.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/04/2026