



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

## Issued by the Chief Inspector

Name of designated centre:	Maryborough Nursing Home
Name of provider:	Maryborough Nursing Home Limited
Address of centre:	Maryborough Hill, Douglas, Cork
Type of inspection:	Unannounced
Date of inspection:	27 January 2026
Centre ID:	OSV-0004451
Fieldwork ID:	MON-0049434

## About the designated centre

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

Maryborough Nursing Home is a designated centre and located in the sub-urban setting of Maryborough in Cork city. It is registered to accommodate a maximum of 37 residents. It is a single storey building with secure access to the basement. Maryborough nursing home is set out in five corridors, where each corridor is named after residents who stayed in the centre and whose memory lives on in their names: Fitzgerald, Fitzmaurice, O' Brien, Hand and Clogan corridors. Bedroom accommodation comprises 35 single and one twin room, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower and toilet facilities are available throughout the centre. Communal areas comprise a large dining room, a large day room, two smaller sitting rooms and seating areas along corridors and at main reception. Residents have access to two paved enclosed courtyard with seating, garden furniture and raised flowerbeds. Maryborough Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

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

Number of residents on the date of inspection:	34
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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	08:25hrs to 16:30hrs	Ella Ferriter	Lead
Tuesday 27 January 2026	08:25hrs to 16:30hrs	Laura Kelleher	Support

## What residents told us and what inspectors observed

This was an unannounced inspection by two inspectors, carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Residents living in Maryborough Nursing Home expressed satisfaction with the care they received in the centre describing it as "excellent". All feedback from residents, with whom inspectors spoke with was that Maryborough Nursing Home was a pleasant place to live, and that they felt safe and well cared for by staff. The inspectors spoke with 15 residents in detail throughout the day, and spent periods of time observing staff and resident engagement in the communal areas. The inspectors saw that there was a pleasant, relaxed and homely atmosphere in the centre, and residents were treated with respect and dignity.

Maryborough Nursing Home is a designated centre for older people situated on Maryborough Hill, in the village of Douglas, south of Cork City. The nursing home is registered to accommodate 37 residents and there were 34 residents living in the centre, on the day of this inspection. Bedroom accommodation in the centre is all on one floor and consists of 35 single bedrooms and one twin-room. However, the twin bedroom had been operating as a single bedroom for approximately five years. With the exception of four bedrooms, all had en-suite facilities.

Operationally, the centre is divided into named corridors, these being Fitzgerald, Fitzmaurice, O' Brien, Hand and Clogan. These names depicted the surnames of residents who had previously lived in the centre. Inspectors saw that many of the centres corridors were decorated with pictures of Cork city and the surrounding Cork countryside. Residents' bedrooms were personalised with memorabilia and pictures from home and residents told inspectors that staff encouraged and supported them to decorate their room and make them homely. One resident informed the inspectors that they had brought in a large television from home and the management team had arranged for them to get satellite television installed, so they could watch an array of sports.

Communal space for residents consists of a large day room, dining room and a library. Since the previous inspection the provider had amalgamated two sitting rooms to make one large communal room in the centre. These rooms were observed to be comfortable, homely spaces and residents were seen to use them to partake in activities, read newspapers, watch television or chat with each other. Residents had access to a secure internal courtyard garden. The inspectors saw that the walls outdoors had been painted with bright colours and furniture was available for residents use, weather permitting. Residents assured inspectors that their choice with regards to what time they would like to get up and retire to bed was always respected by staff. As found on the previous inspection flooring in the communal spaces was in a poor state of repair, this finding is actioned under Regulation 17:

Premises. Communal areas were seen to be supervised at all times, and call-bells were observed to be attended to in a timely manner.

The dining experience for residents was seen to be a positive one, where residents were served breakfast and lunch at a time of their liking throughout the day. Some residents were seen to come to the dining room for a late breakfast, while others told inspectors they liked an early breakfast at 6:30am in their room and this was always facilitated. The lunchtime meal was observed and it was evident that the majority of residents choose to dine in the centres dining room. They told the inspectors that they enjoyed the food and they always had choices. The menu was seen to be displayed in numerous areas in the dining room. Residents were seen laughing and engaging with other residents during their meal and told inspectors that they enjoyed dining with friends.

Residents were very complimentary of staff, and the inspectors observed a number of positive interactions between staff and residents on the day of this inspection. It was evident that staff were knowledgeable of residents' needs, and were observed to be respectful, kind and caring in their approach. There was a varied schedule of activities on offer throughout the week, which commenced at 11am and finished at 9pm. One resident told the inspector that they "really enjoyed the activities and the day flew because there was always something to do". Throughout the day, the inspectors saw residents conversing with staff. The atmosphere was relaxed and homely.

Some residents were living with a cognitive impairment and were unable to fully express their opinions to the inspectors. These residents appeared to be content and relaxed in the company of staff, when observed throughout the day. The inspectors had an opportunity to meet with four visitors one who stated they "could not express how satisfied they were" and complimented the staffs approach to personalised care delivery.

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 the quality and safety of the service being delivered.

## Capacity and capability

Overall, this inspection found that Maryborough Nursing Home was a well-managed centre where residents had a good quality of life. There were effective management systems in place and the management team were proactive in response to issues as they arose, and were committed to providing a service which promoted good outcomes for residents. Some actions were required pertaining to contracts of care and the premises, which will be detailed under the relevant regulations.

The registered provider of the designated centre is Maryborough Nursing Home Limited, which comprises of two directors. Both directors of the company work in the centre and are directly involved in the operational management of the centre. They were well known to staff, residents and families. There was a clearly defined management structure in place with identified lines of accountability and authority. There was a change in the person in charge in October 2024. They are employed full-time in the centre and have the relevant qualifications and management experience, as required by the regulations to undertake the role. They were supported in their role by a clinical nurse manager and a team of registered nurses, healthcare assistants, domestic, activities, catering, and administration staff.

On the day of this inspection the registered provider had ensured that sufficient staffing resources available, to allow a high level of care to be provided to the residents. The general manger and person in charge confirmed that staffing levels were kept under review, and were informed and planned through monitoring of the residents dependency needs and occupancy levels. There was a member of the management team on call in the centre at night and over the weekends. A training plan was in place to ensure all staff received up to date training. Staff were facilitated to attend a broad programme of professional development training and all mandatory training, as per the centres policy were in date.

Records as set out in Schedules 2, 3 and 4 of the regulations examined on this inspection, were stored securely in the centre and were made available for inspection. Arrangements were in place to ensure records were stored safely and the policy on the retention of records was in line with regulatory requirements. Contracts for the provision of care were in place which clearly outlined the room the resident occupied and the occupancy of that room. The contracts of care contained details of the service to be provided, and the weekly fee to be paid. However, the additional service charge was not accurate in some contracts reviewed, which is actioned under regulation 24; Contacts of Care.

The annual audit schedule indicated regular audits were taking place in areas such as infection control, medication management and care planning. Issues identified for improvement through the audit process were addressed in a timely manner. There were effective communication processes in place which included weekly management meetings and meetings with all departments such as nursing, care staff and catering.

A record of all incidents and accidents occurring in the centre was maintained. Required notifications were submitted to the office of the Chief Inspector, within the required time frames. An effective complaints procedure was in place and this was prominently displayed in the centre in an easy to read format. The complaints procedure identified the nominated complaints person and summarised the review and appeals process in place.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider had applied to vary condition one of the centres registration in October 2025. This related to a change in the footprint of the centre and the amalgamation of two communal rooms to make one larger sitting area for residents. The relevant documentation to support this application had been submitted to the Office of the Chief Inspector, as required by the legislation.

Judgment: Compliant

### Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre with the relevant skills, qualifications and experience to undertake the role. They had been employed as person in charge since October 2024. The person in charge was knowledgeable regarding the regulations, HIQA Standards and their statutory responsibilities.

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. Staff were supervised in their roles daily by the management team. A comprehensive induction and orientation was provided to ensure that staff were competent to perform their roles.

Judgment: Compliant

### Regulation 21: Records

Records were seen to be maintained and stored adequately and met legislative requirements. Records were made available to the inspectors who noted that they complied with Schedule 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example, An Garda Síochána (police) vetting disclosures were in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. These records were available in the centre for each member of staff, as required under Schedule 2 of the regulations.

Judgment: Compliant

<b>Regulation 22: Insurance</b>
The registered provider had an up-to-date contract of insurance against injury to residents in place, as required by the regulations.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There was evidence of effective management systems in place such as management meetings and audits. There were adequate staffing resources to care for residents on the day of inspection. An annual review of the quality and safety of care delivered to residents had been completed for 2025. There were established management structures in place in the centre, with key roles clearly identified within the management team, to oversee the operation of the centre.
Judgment: Compliant
<b>Regulation 24: Contract for the provision of services</b>
All residents were issued with a contract for the provision of services, as required by the regulations. However, fees for additional services which had been implemented in July 2025 were not reflected in the contract of care. This is a requirement of the regulation.
Judgment: Substantially compliant
<b>Regulation 3: Statement of purpose</b>
A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. This document accurately described the facilities and services available to residents, and the size and layout of the premises.
Judgment: Compliant

## Regulation 31: Notification of incidents

An electronic record of accidents and incidents was maintained in the centre. Records evidenced that incidents were investigated and preventative measures were recorded and implemented, where appropriate. The person in charge informed the Chief Inspector of incidents, in accordance with Regulation 31.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was an accessible complaints policy and procedure in place to facilitate residents and or their family members lodge a formal complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a formal complaint. This policy also identified details of the complaints officer, timescales for a complaint to be investigated and details on the appeal process should the complainant not be satisfied with the investigation conclusion.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were available to staff and were reviewed at a minimum of every three years, as required by the regulations.

Judgment: Compliant

## Quality and safety

Overall, findings of this inspection were that that residents living in Maryborough Nursing Home received a good standard of care. Residents spoke positively about their life in the centre, the responsiveness of staff and the quality of care.

Residents' health and well-being were promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, speech and language therapy and

tissue viability. The centre had an electronic resident care record system. Pre-admission assessments were undertaken to ensure that the centre could provide appropriate care and services to the person being admitted. Records demonstrated that comprehensive assessments and care plans were developed within 48 hours of the resident's admission and care plans were person-centred, to ensure that care relevant to each person's needs was outlined.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with meeting their hydration needs and with eating their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. Residents with needs for special, modified and fortified diets were provided with meals and snacks prepared as recommended. There was a reported low incidence of wound development and the inspector saw that the risk of the development of pressure ulcers was assessed regularly and appropriate preventative interventions including pressure relieving equipment were in use.

The provider and person in charge had taken measures to safeguard residents from being harmed. Staff spoken with described clearly what they would do if they suspected abuse and were knowledgeable regarding their responsibilities. Training records viewed confirmed that staff had received on-going education on safeguarding. Residents spoken with stated that they felt safe in the centre. Allegations of abuse in the past had been notified to the authority and had been managed in line with safeguarding policies.

There were good fire safety management systems in the centre. A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. The service records for these systems were up to date. Daily and weekly fire safety checks were being carried out and recorded. Fire safety training took place annually and training records reviewed indicated that all staff had received up-to-date formal fire safety training. Fire drills were carried out regularly and the outcomes and areas for improvement were documented following each drill.

It was evident that residents' rights and choices were respected in the centre. There were staff assigned daily to the provision of social activities. Residents were provided with recreational opportunities, including games, live music, exercise, bingo and art. Arrangements were in place for consulting with residents in relation to the day to day operation of the centre. Resident feedback was sought in areas such as activities, meals and mealtimes and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the reception area and records demonstrated that this service was made available to residents if needed. Residents had access to local and national newspapers, televisions and radio.

## Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

## Regulation 17: Premises

Flooring in the main communal space in the centre was observed to be worn and damaged. Inspectors were informed that there were plans to replace this flooring in the coming months.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices for their meals and snacks and refreshments were made available at the residents request. Menus were developed in consideration of residents individual likes, preferences and, where necessary, their specific dietary or therapeutic diet requirements as detailed in the resident's care plan.

Judgment: Compliant

## Regulation 28: Fire precautions

The inspectors reviewed the arrangements in place relating to fire safety. It was evident that regular fire safety checks in the centre were completed and recorded. There were daily, weekly and monthly checklists which included testing of fire equipment, fire alarm testing, emergency lighting, means of escape and fire exit doors, all of which were up-to-date. The centre was equipped with a fire detection and alarm system. The provider sought an external review of the fire alarm system, in conjunction with the amalgamation of the two communal rooms, to ensure that fire safety was not impacted.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. An assessment of residents health and social care needs was completed on admission and ensured that residents' individual care and support needs were being identified and could be met. A sample of assessments and care plans were reviewed and found that, each resident had a care plan in place as required by the regulations and these were person centred and could accurately direct care delivery.

Judgment: Compliant

## Regulation 6: Health care

Residents were provided with a good standard of evidence based health and nursing care and support. Residents had timely access to a general practitioners from a local practices. Residents also had good access to other allied health professionals such as speech and language therapists, a dietitian and specialist medical services such as community palliative care and community mental health services as required.

Judgment: Compliant

## Regulation 8: Protection

Inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. There were robust systems in place to protect residents' finances and the provider was not acting as a pension agent for any residents living in the centre at the time of this inspection. The accounts were managed in a clear and transparent manner and residents were invoiced for all services. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items. Where some residents had requested that small amounts of money and jewellery be kept for safe keeping on their behalf, the inspectors found that there were robust systems in place. A safe log book recorded deposits and withdrawals for residents on-site and were double signed by residents and staff. A sample reviewed evidenced that deposits on record matched the amount held in the safe.

Judgment: Compliant

## Regulation 9: Residents' rights

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents informed inspectors that they were kept up-to-date with regards to changes in the centre through resident forum meetings and daily discussions with staff and they felt that their feedback was valued and used to improve the quality of the 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
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Maryborough Nursing Home OSV-0004451

Inspection ID: MON-0049434

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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All residents will be issued with updated contracts for the provision of services, which will clearly outline and include a detailed breakdown of all additional fees introduced in July 2025, in line with regulatory requirements.</p> <p>In addition, all invoices issued going forward will reflect a transparent breakdown of these additional charges to ensure clarity and consistency between contractual terms and billing practices.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Plans are already in place to replace the worn and damaged flooring in the main communal area. This work has been scheduled and will be completed in the coming months.</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 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	30/09/2026
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	04/04/2026