



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

Issued by the Chief Inspector

Name of designated centre:	Sancta Maria Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Parke, Kinnegad, Meath
Type of inspection:	Unannounced
Date of inspection:	22 January 2026
Centre ID:	OSV-0004589
Fieldwork ID:	MON-0046159

About the designated centre

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

Accommodation is provided for a maximum of 71 residents over 18 years of age in recently extended single-storey premises in a rural location. There are two twin rooms and 67 single rooms (55 with en-suite facilities). Residents are admitted on a long-term residential, respite, convalescence, dementia and palliative care basis. Care is provided for residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed. The provider employs a staff team consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff. The provider states that the centre's ethos is to provide individualised care, encouraging and fostering a caring atmosphere. The centre's statement of purpose states that the main objective of the service is to ensure the continued delivery of high-quality and consistent person-centred care to all residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	64
--	----

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
Thursday 22 January 2026	08:30hrs to 16:30hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

On the day of this unannounced inspection, the inspector met with many residents and spoke with visitors in more detail to gain insight into their experience of living in Sancta Maria Nursing Home. Residents reported that the service they received was very good and that they were very happy living in the centre. Many residents complimented the new person in charge and said they were 'always available' and 'always here'. Visitors provided similar accounts such as: 'management and staff are very approachable' and 'things have improved so much here'. Residents and their relatives commented on how clean the environment was and told the inspector that their bedroom was cleaned every day.

The inspector observed many improvements in the centre on this inspection and that all issues identified on previous inspection had been addressed. The centre was found to be very clean and well-organised. The kitchen was in full working order and no maintenance issues were found. Staff appeared very content with the new management team.

On the morning of the inspection there was a relaxed atmosphere throughout the centre and residents were observed eating their breakfast, walking around the centre and being assisted by staff in their bedrooms. The communal areas of the centre were seen to be well used and some residents were observed watching TV and reading.

There was a small sitting room that had been recently renovated. This had an electric fire place and comfortable new armchairs for residents to utilise. One resident who enjoyed spending time in this room and was happy to speak with the inspector said they 'like to sit here in quietness and read their book'.

The inspector spoke with some residents after their main lunch time meal. Residents expressed satisfaction with the range and quality of food. The menu was clearly displayed and residents appeared happy with the portions and timings of each meal.

The inspector observed residents engaging in activities throughout the day. There were improvements seen in the staffing and allocation for activities since the last inspection. Activities staff were rostered seven days a week and a set time table and activities schedule was displayed around the centre.

The inspector observed that residents were receiving good care and attention. Staff who spoke with the inspector were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed.

There were regular residents' meetings and the minutes of these meetings were provided to the inspector. Following these meetings the management team set

about making an action plan and implementing improvements as requested by the residents.

Some residents that spoke with the inspector stated there were delays in the returning of their laundry over the Christmas period. The inspector spoke with the management team about this, who were aware of this issue and provided evidence of communication they had with the external laundry provider. The management team had been proactive in escalating residents' concerns and acting on their behalf to resolve the delays.

The lived-in environment was bright, clean and homely throughout. Residents confirmed that they were satisfied with their living arrangements and the overall standard of cleanliness maintained in the centre.

Residents who spoke with the inspector were happy with their bedrooms and said that there was plenty of storage for their clothes and personal belongings.

Call-bell were responded to promptly and staff were observed being kind and courteous to residents. Staff knocked the bedroom doors before entering and then called out to the residents to inform them of who they were.

The following two sections of the report outline how the governance and management arrangements of the registered provider determine the quality and safety of care provided and the specific findings are later outlined under individual regulations.

Capacity and capability

Overall, this was a well run service. This inspection found that the provider had made significant progress and achieved regulatory compliance with a robust management structure in place. Improvements were observed across all regulations to include: staffing, premises, infection prevention and control and governance and management. The provider was continuing the improvements in relation to fire precautions with the schedule of works in place.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended). The inspector followed up on the compliance plan responses the provider had submitted to the Chief Inspector of Social Services following an inspection in June 2025.

Mowlam Healthcare Services Unlimited Company is the registered provider for Sancta Maria Nursing Home. This centre is part of the Mowlam Healthcare Group which has a number of nursing homes throughout Ireland. On the day of inspection,

the person in charge was supported by the acting assistant director of nursing (ADON), a team of nurses, health care staff, housekeeping, catering and maintenance staff.

The complaints policy and procedure were reviewed. Complaints were well-managed as per policy and on the day of inspection there were four open complaints. Investigations were reviewed and found to be detailed and comprehensive.

Staffing levels and staff allocation had greatly improved in relation to household and activity staff. The household staffing levels had increased from one staff member to three staff per day. The positive impact this increase in staffing had was very evident on this inspection. Activity staff were observed to encourage residents to participate in activities; they were also observed attending to residents in their bedrooms who did not wish to partake in group activities.

Staff were provided with mandatory and relevant training to meet the needs of their role. Staff training was closely monitored to ensure all staff completed training requirements, which proved effective in improving staff knowledge and practices. Training records showed that all staff had completed training in dementia care, human rights, safeguarding, the use of restrictive practices, manual handling and fire safety.

The person in charge had completed many audits in the centre. They had smart action plans in place which were time bound, and accountable persons identified. Improvement plans were in place to ensure there was learning from each audit. The person in charge attended each morning the hand-over process (sharing of relevant information between the night-time and day-time staff) and this allowed them to have a clear understanding of residents' needs for each day and any staff allocation changes that may be required.

There were regular management team meetings which included reviews of any accidents or incidents, complaints or premises concerns to name a few. Minutes of these meetings were provided to the inspector. There was an annual review of the centre and a quality improvement plan in place. The residents' opinions and their views were taken into account when developing this annual review. The feedback scores were high which was reflective of what the inspector found on the day.

Regulation 15: Staffing

A sample of staff duty rotas were reviewed and in conjunction with communication with residents and visitors, the inspector found that the number and skill-mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Staff were appropriately supervised during day-time and night-time.

Training records were well-maintained and made available to the inspector on request. The inspector was assured that staff had completed all the mandatory training and had access to other relevant training to support them in their role.

Judgment: Compliant

Regulation 21: Records

Records reviewed on the day of inspection were stored securely within the designated centre and made available for the inspection. All staff files reviewed were found to have all the required documents as per the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability and demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication. There were clear systems in place for the oversight and monitoring of care and services provided for residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had a contract for the provision of service. These contracts included the type of bedroom they would be accommodated in, the fees to be charged and information pertaining to services available in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures as set out in Schedule 5. These policies were reviewed every three years or more frequently if required.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their health care needs were well met.

The provider had been implementing improvements in the centre with regards to fire precautions and was on track to meet the completion dates for targets.

In relation to residents' rights there had been significant improvements since the last inspection. Residents were provided with the right and ability to decide what they wanted to do and how they lived their lives. Due to the increase in activity staff, residents were able to attend group activities over seven days. Residents were given the choice to attend if they wished, while other residents preferred the one-to-one time with staff. Residents were encouraged to live their lives as they wished and a 'positive risk-taking' approach was utilised.

Residents had access to the centre's complaints procedure and advocacy services. They attended regular residents' meetings and, it was clear that any issues they brought up were addressed promptly.

Residents' bedrooms were found that to be warm, homely spaces. Some were personalised with ornaments, soft furnishing and photographs from home.

Bedrooms were observed to have sufficient storage space for residents' clothing and personal possessions with a lockable unit available for storage if required. There was an off-site laundry and a labelling system in place that ensured that all clothes were returned to the correct resident. There were reports that residents' personal laundry was delayed in being returned over the Christmas period, but the provider had acted swiftly by contacting the externally laundry service to mitigate these delays and ensure residents' laundry was returned in a timely manner.

The premises were found to be well-maintained. Improvements since the last inspection were evident in relation to repairs being acted on promptly. The kitchen was found to be well-maintained with all equipment in good working order. A new counter top had been applied to the nurses' station.

The increase in household staff had a very positive effect in relation to infection prevention and control. Sluice rooms were found to be well-maintained with cleaning schedule kept up-to-date. Linen was now segregated in line with best practice. All areas of the centre were found to be clean and each area had a check-list that was completed appropriately. There was an increase in the availability of alcohol gel dispensers around the centre which mitigated the risk of infection transmission between residents.

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises of the designated centre are appropriate to the number and needs of the residents in the centre and in accordance with the statement of purpose.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured that procedures, consistent with the *National Standards for Infection prevention and control in community services* (2018) were implemented by staff.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and there had been an improvement in the provision of activities for residents since the previous inspection.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 9: Residents' rights	Compliant