



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

Issued by the Chief Inspector

Name of designated centre:	St. Gobnait's Nursing Home
Name of provider:	St. Gobnait's Nursing Home Limited
Address of centre:	Drewscourt, Ballyagran, Killmallock, Limerick
Type of inspection:	Unannounced
Date of inspection:	17 April 2025
Centre ID:	OSV-0005668
Fieldwork ID:	MON-0045969

About the designated centre

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

St. Gobnait's in Ballyagran, Limerick provides 24-hour nursing care, primarily for male and female residents over the age of 65 years. Up to 20 residents can be accommodated in the centre, for long-term residential care or respite care. Residents ranging from low-level dependency to max-level dependency are catered for, as well as persons with intellectual, physical and sensory disabilities and those with varying levels of dementia who require nursing care. The accommodation consists of ten single rooms and five twin rooms. There are three bath/ shower rooms. Admissions to St. Gobnait's are arranged following a pre-admission needs assessment. A holistic approach is taken to residents' care. Residents care plans are person-centred and are reviewed on a 3 monthly basis. Services and activities available to residents are: a hairdresser, chiropody, physiotherapy, speech and language therapy, arts and crafts, a sensory garden, etc. Residents are continually consulted with regarding the operation of the Home. St. Gobnait's operate an open visiting policy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 12 May 2025	09:30hrs to 14:30hrs	Leanne Crowe	Lead
Thursday 17 April 2025	09:45hrs to 17:45hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed over two days. The inspector spoke with many of the residents during the inspection and, overall, the inspector found that residents were content and comfortable living in the centre. They were complimentary about the quality of the care that they received from staff, saying that they were attentive to their individual needs.

On the first day of the inspection, upon their arrival to the centre, the inspector was met by the nurse in charge. Following an introductory meeting, the inspector walked around the centre to meet with residents and observe their living environment. Many residents were seated in the centre's sitting room, chatting with one another or watching mass on the television. Staff were busy attending to residents' requests for assistance, and call bells were answered in a timely manner. The inspector observed that staff interacted with residents in a friendly and respectful manner throughout both days of the inspection.

The general environment of the centre was clean on both days of the inspection. The centre was well-lit, warm and appropriately decorated. Residents' bedroom accommodation consisted of 10 single and five shared bedrooms. Residents' bedrooms were personalised with items such as family photographs, soft furnishings and ornaments. In general, residents told the inspector that they were satisfied with their bedrooms.

The inspector observed two mealtimes during the inspection. There were sufficient staff on duty to ensure meals were served promptly, and to provide assistance to residents that required it. The meals were freshly prepared by catering staff, in line with residents' individual needs and preferences. Residents were complimentary of the choice of food that was available. Refreshments and snacks were provided to residents at regular intervals, and residents had access to fresh drinking water and juices throughout each day.

The inspector observed that residents had opportunities for recreation on each day of the inspection. An activities board was displayed in the centre which detailed the planned activities for the week ahead. The majority of residents spent the day in the sitting room of the centre, where group activities took place and staff spent time socially engaging with residents. Residents were also supported to take walks through the grounds surrounding the nursing home, and some were observed congregating in the conservatory that was located in the garden to the front of the centre. A number of residents spoke positively about the activities that took place within the centre, while also highlighting outings that were facilitated by the person in charge. These included shopping trips to the nearby town and attending Easter Sunday mass in their local church.

Residents could receive visitors within communal areas or in the privacy of their bedrooms. Many family members and friends were observed visiting residents

during both days of the inspection. They were welcomed by staff upon arrival to the centre.

The next two sections of the report detail the findings in relation to the capacity and capability of the provider and describes how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations.

Capacity and capability

This was an unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). Unsolicited information had been received by the Chief Inspector, which was reviewed on this inspection. The inspector also followed up on solicited information submitted since the previous inspection.

Day one of this inspection was facilitated by a senior nurse, deputising in the absence of the person in charge. The person in charge was on site for day two of this inspection.

The findings of this inspection were that overall, residents received a good standard of care from a team of staff that knew their individual care needs. The provider had systems of management in place to ensure that the service was appropriate, consistent and effectively monitored. However, the management of records did not ensure that they were accessible at all times.

On day one of the inspection, a range of documents requested as part of the inspection process were not available for review. This included some of the records in relation to staff files, staff training, management meetings, the annual quality and safety review of the service and some audits of clinical care. These records could only be accessed by the person in charge, who was not on duty on day one of the inspection. The records were available for review on day two of this inspection, however, there was a regulatory requirement for all records to be accessible and available for inspection at all times.

St Gobnait's Nursing Home Limited is the registered provider of the designated centre. A director of the company also carried out the role of person in charge. They worked full-time in the centre. They were supported in their role by a senior staff nurse as well as a team of nurses, health care assistants, catering, housekeeping and maintenance staff.

There was evidence that a number of management meetings and staff meetings had taken place since the previous inspection. Records of management meetings indicated that the quality of care provided to residents was discussed, as well as action plans that had been developed in response to audit findings.

An annual report on the quality of the service had been completed for 2024, which had been done in consultation with residents.

The inspector found that not all notifiable incidents had been notified to the office of the Chief Inspector within the required time frames. A review of incidents in the centre found that one notifiable incident, relating to the unplanned absence of a resident, had occurred. While the documentation indicated that staff had responded appropriately to the incident, a notification not been submitted to the Chief Inspector, as required.

Over the two days of this inspection, the staffing levels and skill mix were observed to be appropriate to meet the assessed health and social care needs of the residents. The team providing direct care to the residents consisted of one registered nurse on duty at all times and a team of healthcare assistants. The staffing rosters reflected the configuration of staff on duty each day. Communal areas were observed to be adequately supervised. Staff with whom the inspector spoke demonstrated understanding of their roles and responsibilities.

There was a training programme in place for staff, which included mandatory training and other areas to support the provision of quality care, such as fire safety, moving and handling practices, safeguarding of vulnerable adults and positive behavioural support.

A sample of staff files, representing 45% of the centre's overall staff team, were reviewed by the inspector across the two days of inspection. These were found to contain all of the requirements of Schedule 2 of the regulations, including evidence of An Garda Síochána (police) vetting disclosures, nursing registration with the Nursing and Midwifery Board of Ireland (NMBI) and relevant qualifications.

While a directory of residents was maintained in the centre, it did not contain all of the information required by Schedule 3 of the regulations, such as the name and address of the authority, organisation or body that arranged an admission or the resident's sex.

Regulation 15: Staffing

On both days of the inspection, the number and skill mix of staff was appropriate, with regard to the needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was a programme of training in place to ensure that staff had access to relevant training to enable them to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

Records required to be available for review were not fully accessible. On the first day of the inspection, some documentation relating to staff files, staff training and the management and oversight of the service were incomplete or unavailable for review.

Records were not maintained in line with Schedule 3 of the regulations. For example, a directory of residents was incomplete and did not record all of the information required.

Judgment: Substantially compliant

Regulation 22: Insurance

There was an up-to-date insurance policy in place which covered residents' belongings and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to ensure that the service was safe, consistent and appropriately monitored.

The provider had completed an annual review of the quality and safety of care provided to residents in 2024.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had not notified the Chief Inspector of an incident that occurred in the centre, as required by Schedule 4 of the regulations.

Judgment: Not compliant

Quality and safety

Residents living in the centre received a good standard of care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents who spoke with the inspector were satisfied with the direct care provided to them.

Nursing and care staff were knowledgeable about the residents' individual care needs. Following admission to the centre, a range of validated clinical assessment tools were used to identify potential risks to residents, such as impaired skin integrity and poor mobility. These assessments were used to develop care plans for each resident. Care plans were reviewed every four months, or as changes occurred.

Residents who were assessed as being at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were known to the staff and appropriately documented. There were arrangements in place to ensure that residents who were assessed as being at risk of malnutrition were referred for further assessment by an appropriate health professional.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The provider promoted a restraint-free environment in the centre, in line with local and national policy. Where restrictive practices had been implemented, records demonstrated that these had been informed by appropriate risk assessments.

All staff had received training in relation to the detection and prevention of abuse. Staff who spoke with the inspector were knowledgeable regarding their responsibilities in reporting any safeguarding concerns. There were clear processes in place for the safe storage and management of residents' personal monies.

Residents' rights were promoted in the centre. 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 were kept informed about services they could access, if needed. This included independent advocacy services.

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 18: Food and nutrition

A variety of nutritious meals were available to residents, which met their individual needs and preferences. Residents on modified diets were also offered a choice of meals on a daily basis. There were sufficient numbers of staff to assist residents at mealtimes. Residents had access to snacks and drinks throughout the day.

Judgment: Compliant

Regulation 20: Information for residents

An information guide for residents had been developed and was accessible to residents. It contained the information required by the regulations, including a summary of the services and facilities available to residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed within 48 hours of admission to the centre, and regularly thereafter. Comprehensive care plans were informed by these assessments. Care plans were reviewed and updated regularly, in consultation with the resident and their representatives, as appropriate.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical treatment, as needed.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint free environment was supported in the centre. Each resident had a risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and multidisciplinary team.

Arrangements were in place to support residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had up-to-date knowledge to support residents to manage their responsive behaviours and detailed how a person-centred, respectful and non-restrictive approach to care was implemented.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up to date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer.

Residents' rights and wishes were promoted by the registered provider. Residents were supported to vote, to attend religious services and to access independent advocacy services if needed. Residents' choices, personal routines and privacy were respected by staff.

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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Gobnait's Nursing Home OSV-0005668

Inspection ID: MON-0045969

Date of inspection: 12/05/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Staff records will be on the record matrix, securely stored in pdf format and in physical files from henceforth and will be reviewed every four months to ensure compliance. All records will be securely filed and available for the inspector.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Notifications of serious incidents will be submitted to the Chief Inspector within the specified time frame. This is already in practice	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	24/06/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	23/04/2025