



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

Issued by the Chief Inspector

Name of designated centre:	Portiuncula Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	Multyfarnham, Westmeath
Type of inspection:	Unannounced
Date of inspection:	27 November 2025
Centre ID:	OSV-0000084
Fieldwork ID:	MON-0048919

About the designated centre

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

Portiuncula Nursing Home is a purpose-built two-storey facility located in Multyfarnham Village, close to Mullingar town. The centre opened in 2004 and is under the management of Newbrook Nursing Home company. It is registered for 60 beds. The designated centre provides long-term 24-hour general care and short-term convalescence and respite care to a range of male and female residents over 18 years of age with dementia, intellectual disability, acquired brain injury and palliative care. The accommodation is provided in 47 single rooms, five twin rooms and one three bedded room across the two storeys. All bedrooms have en suite facilities. The centre has a team of medical, nursing, direct care, and ancillary staff, as well as access to other health professionals to deliver care to the residents. The philosophy of the centre is to provide a high standard of care in a living environment that residents can consider a 'home away from home'.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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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
Thursday 27 November 2025	07:00hrs 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 happy living in Portiuncla 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.

The inspector met with seven 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 that they may have

The centre is situated on the grounds of the Franciscan Church and Abbey of Multyfarnham, the residents can attend mass there once a week. On the day of the inspection mass was held in the large dining room and was celebrated by priests from the nearby church. There is a lively activity schedule, one resident said they look forward to Tuesday outings in the bus which is owned and run by the nursing home group. The next outing planned was to go Christmas shopping in the town. The inspector spoke to the activity staff who had been working in the centre for many years and knew the residents well. The inspector observed that the residents all looked well and were well groomed. The hairdresser was in attendance on the day of the inspection the centre in a salon near the reception area.

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 enjoying being in the company of the staff.

The kitchen was large enough to cater for the residents needs, and in good repair. The kitchen had a separate area for cleaning products and cleaning equipment that included a janitorial unit. The large dining room was bright, spacious, cosy and very nicely decorated. Residents enjoyed meal times as many were observed laughing and talking with staff. Many residents told the inspectors that the food was 'good quality' and that they had access to choices at mealtimes.

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, the registered provider was striving to provide a service compliant with the regulations. Some opportunities for improvements were identified in the area of quality and safety which is further discussed within this report.

This unannounced inspection focused on the infection prevention and control (IPC) related aspects of the regulations and reviewed the compliance plan from the previous inspection. The provider had addressed many of the findings from the last inspection with a plan in place to complete the remaining fire works, however, one of the findings in relation to IPC had not been completed and this is discussed under Regulation 23: Governance and management. On the day of the inspection there were 58 residents living in Portiuncla Nursing Home and there was one vacancy.

Newbrook Nursing Home Unlimited Company is the registered provider for Portiuncla Nursing Home. This centre is a part of the Newbrook Nursing Home Group, which has a number of nursing homes throughout Ireland. The local management team consisted of the person in charge and one assistant director of nursing and each were aware of their role and responsibilities. There were clear management systems in place with regular meetings held to oversee and discuss the day to day operation of the centre.

The Director of Nursing had overall responsibility for IPC and antimicrobial stewardship (AMS). The provider had also nominated a staff nurse to the role of IPC link nurse who aims to complete the link practitioner course next year.

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.

An annual review was in place for 2024. The inspector noted that quality improvements for 2025 were included in the review alongside resident feedback.

The centre had a schedule for conducting IPC audits, carried out by the management team. The audits covered various areas such as hand hygiene, linen management, equipment, environmental cleanliness, laundry and waste management. Audit scores were high which reflected what the inspector observed on the day of inspection.

There have been no outbreaks of infection in the centre this year. A review of the notifications submitted found that previous small outbreaks were managed, controlled and reported. Up-to-date guidance was on-site and available to guide staff in IPC procedures and an outbreak contingency plan was in place.

Regulation 15: Staffing
On the day of the inspection the staffing numbers and skill-mix were appropriate to meet the needs of residents living in the centre.
Judgment: Compliant
Regulation 16: Training and staff development
The person in charge had ensured that staff had access to IPC training that was relevant to their role, this training was given face to face on an annual basis by a person in the group. The person in charge had reviewed all the mandatory training since the last inspection to ensure that staff were up-to-date in their training needs.
Judgment: Compliant
Regulation 23: Governance and management
Management systems generally ensured that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(d). However, further action was required to be fully compliant. This was evidenced by the following: <ul style="list-style-type: none"> • The provider had committed to installing a bedpan washer in the first floor sluice room. This machine was in place but not operational. This is discussed under Regulation 27: Infection control.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.
Judgment: Compliant

Quality and safety

Residents were receiving a high standard of care in an environment which supported and encouraged them to enjoy a good quality of life. Residents were found to be receiving care and support in line with their needs and preferences. However, further improvements were required in relation to infection prevention and control (IPC) and antimicrobial stewardship which will be discussed under Regulation 27: Infection control.

The inspector observed that equipment used by residents was in good working order and stored appropriately in rooms that were organised and clean.

There were no visiting restrictions in place on the day of the inspection. Visits and social outings were encouraged with practical precautions in place to manage any associated risks. The activity schedule was displayed and visitors were invited to join in the up coming Christmas party.

Clinical hand wash basins were available along the corridors to enable staff to have easy access to hand hygiene facilities. These sinks complied with the required specifications for a clinical hand wash basin. Hand sanitisers were conveniently located throughout the centre to help staff sanitise their hands between episodes of care.

Vaccination records for residents were kept up to-date and there was a high vaccine uptake for *COVID-19* and *Influenza*.

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. There was one sluice room on the first floor with a new bedpan washer machine that was serviced in September 2025, this machine was not attached to any solution for cleaning. This is discussed further under Regulation 27: Infection control. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. There was a dedicated clean utility room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings. These areas were well-ventilated, clean and tidy.

The inspector identified several examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. Ample supplies of PPE were available. Appropriate use of PPE was observed during the course of the inspection. However, improvements were

required in the management of standard precautions, this is discussed further under Regulation 27: Infection control.

Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting. Visitors spoken with by the inspector were complimentary of the care provided to their relatives and were happy with the visiting arrangements in place.

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.

Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained. The ancillary facilities generally supported effective infection prevention and control.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services* (2018), but further action is required to be fully compliant. For example;

- Staff practices to prevent the spread of infection needed review. For example;
 - One of the housekeeping staff was using disposable paper towels for cleaning, this was not in-line with the centres own policy for cleaning surfaces.
 - Staff did not have access to safety engineered devices on needles used in the centre, this increased the risk of a needle stick injury and was not in-line with best practice guidelines.

- Some staff were observed not sanitising their hands between residents when attending to their care needs.
- There was no functioning bedpan washer on the first floor, the inspector observed two items of equipment that was not reprocessed in a machine, this increased the risk of a catheter-associated infection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of care plans found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents. Care plans were person-centred and updated in line with a residents change in condition.

Judgment: Compliant

Regulation 6: Health care

The inspector identified some examples of good antimicrobial stewardship. Antibiotic consumption data was analysed each month and used to inform infection prevention practices and discussed within the nursing home group. 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.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had improved one of the residents` rooms by reducing the occupancy of the triple bedroom from three sharing to two sharing.

Residents were supported to access recommended vaccines, in line with the national immunisation guidelines. The inspector observed kind and courteous interactions between residents and staff on the day of 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 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Portiuncula Nursing Home OSV-0000084

Inspection ID: MON-0048919

Date of inspection: 27/11/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The bedpan washing machine in the first Floor Sluice room is now operational.</p> <p>]</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The housekeeping staff have been told to follow the policy in relation to the use of cloths used for cleaning. This will be monitored by the PIC.</p> <p>Safety needle devices for drawing blood are being used. Additional devices have been ordered for injecting these will be used once in the Nursing Home.</p> <p>Staff have been reminded of the importance of handwashing. This will be monitored and audited by the PIC.</p> <p>The bedpan washing machine is back in working order.</p> <p>]</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 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	05/12/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	05/12/2025