



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Villa Marie Nursing Home
Name of provider:	Villa Marie Nursing Home Limited
Address of centre:	Grange, Templemore Road, Roscrea, Tipperary
Type of inspection:	Announced
Date of inspection:	16 October 2024
Centre ID:	OSV-0000437
Fieldwork ID:	MON-0041764

About the designated centre

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

Villa Marie Nursing Home is a family run nursing home on the outskirts of Roscrea town which has been renovated to a high standard in the last few years. The aims of the centre are: a) to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes personal choice, health and b) to provide a high standard of care in accordance with evidence-based best practice. The centre strives to provide a living environment that as far as possible replicates residents' previous life style, to ensure that residents live in a comfortable, clean, safe environment. The nursing home can accommodate up to 30 residents in both single and double bedrooms many of which are en suite. Both male and female residents with the following care needs are catered for: General care, Long term care, Respite care, Early Dementia care, Alzheimer's care, Disability care, Stroke patients, Convalescence care and Holiday stay. Nursing care is provided 24 hours a day. We engage a wide range of trained staff and allied health care to support your needs. The range of needs extends from independent/low /medium/ high and maximum care. Residents will be over 18 years of age. A pre-admission assessment will be carried out to determine whether the centre can cater for any specific needs. In order to enhance the care provided and enable you to fulfil your personal social and psychological needs a range of medical, social, spiritual and physical needs are catered for. All meals are freshly prepared daily by our catering staff. Choice is offered at every mealtime. All specialist dietary needs are catered for. Daily activities are available within Villa Marie Nursing Home. A residents' council meeting is held every two months, where any issues may be discussed and resolved. All residents or their representatives are welcome to attend. Your input will be requested on any matters that may potentially affect your daily life including development of your personal care plan. Villa Marie Nursing Home provides a very high quality service to all our residents. If you feel the need to make a complaint you can do so with confidentiality assured. We operate an open visiting policy in Villa Marie Nursing Home, however, we ask all visitors to use sign in book on entering and leaving and partake in precautionary infection control measures as appropriate.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	30
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 16 October 2024	09:15hrs to 16:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

This was an announced inspection that took place over the course of one day. Overall, residents spoke positively about their experience of living in Villa Marie Nursing Home and were very complimentary of the staff for the care they provided and their responsiveness to requests for assistance. The inspector spent time observing residents' daily lives and care practices in order to gain insight into the experience of those living in the centre. This included the observation of interactions between staff and residents throughout the day. Resident and staff interactions were observed to be respectful at all times. The inspector interacted with most residents over the course of the inspection and spoke with five residents in more detail. The inspector also spoke with two visitors. The feedback was overwhelmingly positive.

Following an opening meeting with the person in charge, the inspector was guided on a tour of the premises. Villa Marie Nursing Home provides care for both male and female adults, with a range of dependencies and needs. The centre is situated just outside the town of Roscrea, County Tipperary. It is registered to accommodate 30 residents and was at full capacity on the day of this inspection. The oldest section of the building has two storeys, however, the first floor only contains offices and staff facilities and is not accessible by residents. The premises has been extended on two occasions over the years to reach its current bed capacity of 30 residents. All bedroom accommodation is on the ground floor and comprises eighteen single rooms and six twin rooms. Eight of the single rooms and four of the twin rooms have en suite facilities containing a shower, toilet and wash hand basin. There are a further two bathrooms shared between four single rooms, also containing shower, toilet and wash hand basin. The remaining ten residents share two bathrooms, each containing a shower and toilet and one also has a bath. There is one additional toilet located adjacent to the sitting and dining rooms.

Communal space comprises a large sitting room with an adjacent conservatory. The conservatory leads to an internal courtyard and residents were free to access this area independently. There is also a dining room and a large number of residents were seen to have their lunch here.

The overall décor of the centre was of a good standard. The premises had recently been painted and new armchairs had been purchased for the sitting room. A privacy film had been put on a number of windows to allow residents to see out but restrict visibility into the premises to support privacy. Some residents had complained that the film had impacted the amount of light coming in and in response the provider had removed the upper part of the film.

Corridors in the older part of the premises were narrow but were sufficiently wide to accommodate walking aids. Handrails were installed in all circulating areas. Bedrooms had adequate storage space for residents' personal possessions and property, including wardrobes and bedside locker. Each resident also had a

comfortable chair at their bedside. Bedrooms were seen to be personalised with items of memorabilia, such as ornaments and photographs.

The inspector saw residents move about the centre freely throughout the day. All areas of the centre were seen to be warm and clean. Cross corridor fire doors were checked and all created a good seal when closed that would minimise the spread of fire and smoke in the event of a fire. Some doors were noted to swing closed rapidly which could pose a risk of injury to residents. These were adjusted by maintenance prior to the end of the inspection.

The inspector observed lunch to get a sense of the dining experience for residents. Seventeen residents were seen having their lunch in the centre's main dining room. The menu for the day was on display on a whiteboard and choice was available. Meals were seen to be freshly prepared and attractively presented. Residents confirmed that the food was of a high standard and they were happy with the choices available. They also confirmed that if they wished to have something that was not on the menu for that day, this would be prepared. Residents requiring assistance were assisted appropriately by staff. Staff were seen to engage the residents in conversation and it was evident that they knew each resident well and discussed issues that were of interest to them.

Residents and visitors told the inspector that they were happy with visiting arrangements in the nursing home. Visitors were welcome to the home at any time and they did not feel restricted. Visitors informed the inspector that they were happy with the care provided and felt it was a good place for their relative to live.

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

The inspector found over the course of the inspection that residents living in the centre were supported to live a good quality of life. The centre was well-managed by a management team who were focused on providing a good standard of care and enhancing the well-being of residents.

Villa Marie Nursing Home Limited is the registered provider for this centre, a company comprising two directors. The director of nursing is responsible for clinical oversight and is supported by a team of nurses, healthcare assistants, housekeeping, catering, laundry, and maintenance staff. One of the two directors is also a registered nurse and is usually present in the centre each day from Monday to Friday, either as the nurse on duty or as an additional nurse to support the nurse on duty.

There were monthly management meetings attended by the director and the person in charge to provide comprehensive oversight of the service. There is an audit programme in place to monitor areas such as staffing, training, health and safety, falls, infection prevention and control and feedback from residents.

A review of the centre's staffing roster on the day of inspection found that the staffing levels and skill mix were adequate to meet the assessed needs of the residents, given the size and layout of the building. Ongoing recruitment processes were underway to maintain staffing levels. The management team were committed to providing ongoing training to staff. There was a training schedule in place, and training was scheduled on an ongoing basis. Training records showed that most staff were up-to-date with their mandatory training requirements and staff told the inspector that they were facilitated to attend training.

Residents were consulted through residents' meetings. Staff and management also consulted with residents informally through opportunistic chats. A satisfaction survey was completed prior to this inspection that provided predominantly positive feedback. Records indicated that issues raised by residents were acted upon. Complaints within the centre were managed appropriately.

Regulation 15: Staffing

On the day of the inspection there were adequate staffing levels with the required skill mix to meet the care needs of residents living in the centre. The numbers of staff working on the day of the inspection was consistent with staffing resources, as described in the centres statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training relevant to their roles. Mandatory training was provided in key areas such as adult safeguarding, moving and handling and fire safety. Refresher training was available to ensure staff maintained their training requirements.

Judgment: Compliant

Regulation 21: Records

Records were stored securely and readily accessible. The inspector reviewed a number of staff personnel records, which were found to have the necessary requirements, as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were adequate governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supported and effective manner. The complaints log was reviewed. The record indicated that complaints were adequately investigated and the satisfaction of the complainant was recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

Action was required in relation to policies and procedures. For example:

- two policies had not been reviewed at a minimum of three yearly as required by the regulations
- the fire safety management policy and emergency plan required review as there was crossover in the information contained in each policy and neither was comprehensive

Judgment: Substantially compliant

Quality and safety

Overall, residents in Villa Marie Nursing Home were supported by staff to have a good quality of life. Residents were able to choose how they spent their day and had access to good quality healthcare and to social activities throughout the week. This inspection found that some improvements were required in relation to fire safety.

Staff were familiar with the residents' needs and residents received a good standard of nursing care and support. The inspector reviewed a sample of resident records. Residents had comprehensive assessments conducted on admission and at regular intervals thereafter. A review of care plans assured the inspector that care plans were person-centred and demonstrated that evidence-based care was being provided to residents.

Residents' health and well-being was promoted by regular reviews by general practitioners (GP) services that visited the centre regularly and as required. Residents also had timely access to allied health services, such as occupational therapy, speech and language therapy, dietetics, and tissue viability nursing, when requested by residents or as required. Residents were supported to attend out-patient appointments as scheduled.

Residents enjoyed a daily programme of activities, which was led by dedicated activity staff. Staff were observed to engage with residents in a supportive manner and staff were observed to knock on residents' doors and announce their presence before entering resident's private space. There were facilities for residents to engage in recreational and occupational opportunities, and to exercise their civil, political and religious rights. Residents had access to radio, television and newspapers.

The inspector found that action was required to ensure that residents were protected from the risk of fire. There were arrangements in place for the preventive maintenance of the fire alarm, emergency lighting and fire extinguishers. There were regular checks to ensure that all emergency exits were free from obstruction and that the fire alarm functioned appropriately. While staff were able to verbalise what to do in the event of a fire, fire drills were not conducted to assess staff response in the event of the need to evacuate residents in an emergency situation. One fire drill had been conducted one week prior to this inspection and no other drills had taken place in 2024. There was also a need to ensure that residents accommodated in a bariatric bed could be safely evacuated in the event of a fire. Required actions in relation to fire safety are discussed in more detail under Regulation 28 of this report.

There were measures in place to ensure residents were safeguarded from abuse. The provider had a policy on Safeguarding of Vulnerable Adults. Training records showed that all staff were trained in relation to the detection and prevention of and responses to abuse. Staff spoken with were knowledgeable on how to respond to various types of abuse that could take place and residents spoken with reported feeling safe within the centre.

Overall residents' rights were upheld. They were seen to have choice in their daily living arrangements and had access to occupation and recreational activities. There was a programme of activities available to residents and there was a good level of participation by residents. Residents' meetings were regularly convened and issues raised for areas needing improvement were addressed.

Regulation 10: Communication difficulties

The inspector reviewed a sample of care files and found that residents' communication needs were regularly assessed, and a person-centred care plan was developed for residents who needed support from staff. As a result residents were supported to communicate freely.

Judgment: Compliant

Regulation 11: Visits

There was a high level of visitors to the centre over the course of the two days of the inspection. Visiting arrangements were being managed in the least restrictive manner and in line with national guidance. The inspector saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the needs of the residents living in the centre on the day of the inspection. There was adequate outdoor and communal space for the residents. Residents had adequate storage space in their rooms. There was a programme of preventive maintenance for equipment such as hoists and beds.

Judgment: Compliant

Regulation 28: Fire precautions

Action required in relation to fire safety management systems to ensure that all residents are protected from the risk of fire included:

- there was only one fire drill conducted in 2024 and this was done one week prior to this inspection. There were no fire drills to simulate the evacuation of an entire compartment or to simulate night time scenario when staffing levels are at their lowest
- fire drills did not simulate the evacuation of residents accommodated in non-standard beds
- the ski sheet under one mattress was not the appropriate for the size of the mattress
- the risk assessment tool used to assess residents that smoke was generic in nature and did not assess, on an individual basis, the ability of each resident to smoke independently in order to inform the level of required supervision while smoking.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A variety of validated assessment tools were used to assess the residents' individual needs. These assessments informed the residents' care plans and were easy to understand. These had been completed within 48 hours of admission and care plans were prepared based on these assessments. Care plans were updated within four months or more frequently where required.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP). 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 and palliative care.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with stated that they felt safe in the centre and confirmed that staff were caring and kind. All interactions by staff with residents on the day of the inspection were seen to be respectful. All except one member of staff had attended training to safeguard residents from abuse. Residents had access to the services of

an independent advocate and contact details were on prominent display in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were respected. Residents were afforded choice in their daily routines and had access to local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents' meeting minutes, satisfaction surveys, and from speaking with residents on the day.

Social assessments were completed for each resident and individual details regarding a residents' past occupation, hobbies and interests was completed to a good level of personal detail. This detail informed individual social and activity care plans. A schedule of activities were available for residents.

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 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially 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 Villa Marie Nursing Home OSV-0000437

Inspection ID: MON-0041764

Date of inspection: 16/10/2024

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: <ul style="list-style-type: none"> • The two policies identified on inspection day as not having been reviewed in three years were reviewed and updated within 1 week. • The fire safety management policy and emergency plan were reviewed to eliminate crossover and provide comprehensive information to the team. 	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • Two staff members, already trained as fire wardens, have been given responsibility for conducting and documenting regular fire drills, including the evacuation of entire compartments and also simulating a night time scenario when staffing levels are lowest. These fire drills also simulate the evacuation of a resident from a non-standard size bed, for which an appropriate size evacuation sheet was purchased immediately. • A new risk assessment tool is now in use to assess, on an individual basis, the ability of each resident to smoke independently in order to inform the level of required supervision while smoking. 	

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 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/10/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/10/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable,	Substantially Compliant	Yellow	30/10/2024

	residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/10/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/10/2024