



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

Issued by the Chief Inspector

Name of designated centre:	Aperee Living Galway
Name of provider:	Following cancellation of the registration of Aperee Living Galway Ltd., this centre is being operated by the HSE in line with Section 64 of the Health Act 2007.
Address of centre:	Ballinfoyle, Headford Road, Galway
Type of inspection:	Unannounced
Date of inspection:	29 October 2025
Centre ID:	OSV-0000331
Fieldwork ID:	MON-0048742

About the designated centre

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

Aperee Living Galway is a purpose built facility located on the Headford Road, Co Galway. The Health Service Executive is operating the centre. The centre provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed on three levels. There are a mix of double and single bedrooms. There is adequate sitting and dining space to accommodate all residents in comfort. The provider employs a staff team consisting of registered nurses, care assistants, administration, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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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
Wednesday 29 October 2025	10:00hrs to 16:00hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector found that residents living in this centre received a good standard of care and were supported to live a good quality of life, by a team of staff who knew their individual needs and preferences. Residents told the inspector that staff made them feel safe living in the centre. Staff were observed to deliver care and support to residents which was kind and respectful, and in line with their assessed needs.

This unannounced monitoring inspection took place over one day. Following an opening meeting with the person in charge, the inspector walked through the centre providing an opportunity to review the premises, and to meet residents and staff. A number of residents were having breakfast in the dining areas and bedrooms, while other residents were relaxing in communal areas. A number of residents were being assisted and supported by staff with their personal care needs.

Aperee Living Galway is a purpose-built facility situated in the outskirts of Galway City and is registered to provide accommodation for 60 residents. The premises is a three-storey building with residents' living and bedroom accommodation areas located on all floors which were serviced by an accessible lift. On the day of the inspection, one wing on the second floor was closed due to refurbishment and access to this area was restricted.

The centre was laid out to meet the needs of residents. Bedrooms were bright and spacious, providing residents with adequate space to live comfortably and to store personal belongings. Residents were encouraged to decorate their bedrooms with photos, ornaments and other items of significance. All bedrooms had ensuite facilities. There were suitable communal areas available for residents to use, depending on their preference, including day rooms and dining rooms. There was sufficient space available for residents to meet with friends and relatives in private should they wish to. There was also an oratory available which provided a tranquil space for residents. All areas of the centre were styled and furnished to create a comfortable and accessible living environment for residents.

Corridors were wide and there were appropriately placed hand rails to support residents to walk independently. Call-bells were available in all areas and were observed to be answered in a timely manner. There was a sufficient number of toilets and bathroom facilities available to residents.

Throughout the day, the inspector spent time observing staff and resident interactions in the various areas of the centre. The majority of residents were up and about, relaxing in the communal areas or mobilising freely through the centre. They were observed to be relaxed and familiar with one another and staff. A small number of residents were observed enjoying quiet time in their bedrooms. Communal areas were appropriately supervised and those residents who chose to remain in their bedrooms were supported by staff. Staff were observed attending to residents in a relaxed and attentive manner. There was a pleasant atmosphere

throughout the centre and friendly, familiar chats could be heard between residents and staff. Residents appeared comfortable in their surroundings and it was evident that residents were supported by staff to spend the day as they wished. The inspector observed that personal care was attended to in line with residents' wishes and preferences. Staff who spoke with the inspector were knowledgeable about residents and their needs.

The inspector spoke in detail with a total of seven residents. Residents stated that staff were kind and always provided them with assistance when it was needed. One resident told the inspector that 'they always come to me when I need them'. Another resident said 'the staff are very attentive and attend to me very quickly'. Residents told the inspector that they were happy with their bedroom accommodation and general surroundings. One resident said 'it is very good here, you get anything you want, you couldn't feel better off'. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings.

There were opportunities for residents to participate in recreational activities of their choice and ability, either in the communal areas or their own bedrooms. There was a schedule of activities in place including exercises, movies, bingo and music. Residents told the inspector that they were free to choose whether or not they participated in planned activities. The inspector observed residents enjoying a lively Halloween party on the afternoon of the inspection. Staff were available to support residents and to facilitate residents to be as actively involved in activities as they wished.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day.

There was a good choice of food and refreshments available throughout the day and residents were complimentary about the quality of the food provided. One resident told the inspector that the catering staff always provided them with their favourite food. Food was freshly prepared in the centre's own kitchen and was observed to be well-presented. During mealtimes, those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Residents told the inspector that they had a choice of when and where to have their meals.

In summary, the inspector found residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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.

Capacity and capability

This was an unannounced monitoring inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended).

The Health Service Executive (HSE) became the registered provider of this designated centre in August 2024, under section 64 of the Health Act (2007), following the cancellation of the registration of the previous provider. On the day of the inspection, the inspector observed that the provider had addressed the actions committed to in the compliance plan, submitted following the inspection in November 2024, in relation to Regulation 28: Fire precautions. The HSE were aware of the requirement for significant structural fire safety works in the centre, and there were appropriate risk management systems in place to mitigate these known risks.

The findings of this inspection were that there were effective governance and management systems in place to ensure that residents were supported to have a good quality of life. There were sufficient resources in place in the centre to ensure that the rights, health and wellbeing of residents were supported. There was a clearly established organisational structure in place, with identified lines of responsibility and accountability at individual, team and organisational level. The clinical management team consisted of a person in charge, an assistant director of nursing and a clinical nurse manager. The person in charge was further supported by a full complement of staff including nursing and care staff, activity, housekeeping, administration, maintenance and catering staff. The person in charge was also supported by a regional management support team.

There were management systems in place to monitor and review the quality of the service provided for residents. Clinical and environmental audits were completed which included reviews of care planning, falls management, wound management, infection control and medicines management. Where areas for improvement were identified, action plans were developed and completed. The person in charge carried out an annual review of the quality and safety of care in 2024 which included a quality improvement plan for 2025.

There were systems and processes in place to ensure effective communication between management and staff in the centre. The management team met with each other and staff on a regular basis. Minutes of meetings reviewed by the inspector showed that a range of relevant issues were discussed including clinical issues, fire safety, and other risk, training and staff issues.

A review of the staffing rosters found that staffing levels and skill-mix were appropriate for the size and layout of the building, and to meet the assessed health and social care needs of residents. Staff had the required skills, competencies and experience to fulfil their roles. The team providing direct care to residents consisted of at least two registered nurses on duty at all times, and a team of health care assistants. Staff demonstrated an understanding of their roles and responsibilities.

Staff were observed working together as a team to ensure residents' needs were addressed and were observed to be interacting in a positive and supportive way with residents.

A review of staff training records evidenced that all staff had completed relevant training to support the provision of safe care to residents. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training. There were arrangements in place to provide supervision and support to staff.

A centre-specific complaints policy detailed the process of raising a complaint or a concern. The complaints procedure was clearly displayed in the centre. A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

Regulation 15: Staffing

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

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance arrangements in the centre. There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a team-based approach. 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

There was an effective complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

Quality and safety

This inspection found that the management and staff worked to provide a good quality of life for the residents living in the centre. There was a person-centred approach to care, and residents' well-being and independence were promoted. Residents were satisfied with the service they received, and reported feeling safe and content living in the centre.

As described under the capacity and capability section of this report, the HSE were operating the centre under Sec 64 of the Health Act. This inspection identified continued non-compliance with Regulations 17: Premises, and 28: Fire precautions. These risks were known to the HSE, and action had been taken to mitigate these known non-compliances to ensure resident safety. Some areas of the premises were in a poor state of repair, in particular, the Fountain Wing on the second floor which required fire safety upgrade works and extensive refurbishment.

There was also outstanding fire safety works. The provider had installed a new fire alarm system and new emergency lighting, however, a number of fire safety works, required to address significant known fire risks in the centre including inadequate compartmentation, required completion. The provider had enhanced fire safety management systems in place to ensure the safety of residents, visitors and staff. Fire safety education sessions took place weekly and fire safety was discussed at all staff and resident meetings. Personal emergency evacuation plans were in place for each resident. Evacuation drills were undertaken regularly, and staff were knowledgeable about what to do in the event of a fire. There were adequate means of escape, and all escape routes were unobstructed, and emergency lighting was in place. Fire-fighting equipment was available, and serviced, as required. There were regular in-house fire safety checks completed and recorded.

There was appropriate oversight of residents' clinical care. The health and well being of residents was promoted and supported through areas such as nutrition, recreation and exercise. Nursing and care staff were knowledgeable about residents' care needs and this was reflected in the nursing documentation. The inspector

reviewed a sample of four residents' files. Each resident had an assessment of their health and social care needs documented. The outcomes of assessments were used to develop a holistic care plan for each resident which addressed their individual abilities and assessed needs. The care plans reviewed were person-centred and contained the necessary information to guide care delivery. Assessment and care plans were reviewed every four months or as changes occurred, in line with regulatory requirements. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents had access to medical assessments and treatment by their general practitioners. Management and staff were proactive in referring residents to a range of allied health professionals including physiotherapist, occupational therapist, dietitian, chiropody, tissue viability nurse and palliative care. From the sample of files reviewed, it was evidenced that recommendations from allied health professionals were implemented to improve residents' health and well being.

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.

Residents' rights and choices were respected and upheld, and their independence was promoted. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice in their daily lives and routines. Residents could retire to bed and get up when they chose. There was a schedule of recreational activities in place and there were sufficient staff available to support residents in their recreation of choice and ability. Residents had the opportunity to meet together and discuss management issues in the centre. Residents had access to an independent advocacy service.

Residents who were assessed to be at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well-documented and known to the staff. Appropriate referral pathways were established to ensure residents identified as being at risk of malnutrition were referred for further assessment by an appropriate health professional.

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The centre had a risk register which identified clinical and environmental risks, and the controls in place to manage those risks. There were systems in place to identify, document and learn from incidents involving residents. Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame.

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the centre had appropriate access to and maintained control over their personal possessions.

Judgment: Compliant

Regulation 17: Premises

In addition to the area closed for fire safety upgrade works, the premises was observed to be in a poor state of repair was not fully in compliance with Schedule 6 of the regulations. This was evidenced by;

- the flooring was very worn and damaged throughout the centre
- paint on the exterior of windows was observed to be peeling.
- there was inadequate safe outdoor space available for residents.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services, when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included all of the required elements, as set out in Regulation 26.

Judgment: Compliant

Regulation 28: Fire precautions

While the provider had controls in place to reduce the known fire safety risks, the required fire safety works remained outstanding.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care professionals to meet their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector observed that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

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	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aperee Living Galway OSV-0000331

Inspection ID: MON-0048742

Date of inspection: 29/10/2025

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 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Flooring <ul style="list-style-type: none">• A review of the flooring throughout the centre is part of the regular maintenance and any areas identified as a safety risk to residents or staff are addressed immediately.• Total refurbishment of the centre to include the flooring will be completed by June 2026	
Painting / Decorative Works <ul style="list-style-type: none">• Total refurbishment of the centre to include painting or decorative works will be within 6 months. 3. Outdoor Space <ul style="list-style-type: none">• Staff assist residents to safely access the outdoor area, reducing any associated risks. This supportive engagement ensures residents continue to have meaningful and safe access to outdoor space.• Access to other external spaces will be available by June 2026 following a total refurbishment of the centre.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Immediate and Ongoing Actions in Place: <ul style="list-style-type: none">• All staff have completed fire evacuation training, and compliance is monitored through the center's Training Matrix.• Fire drills take place monthly and reflect both daytime and night-time staffing levels. All learning outcomes and improvements are recorded and actioned.• Resident mobility and evacuation requirements are reviewed regularly, with attention to compartment and sub-compartment arrangements.	

- The Fire Risk Register is reviewed routinely and updated as needed.
- Annual and quarterly certification for the fire alarm system, fire doors, fire equipment, and emergency lighting is current.
- PEEPs are reviewed every four months or sooner if a resident's clinical status changes.

Required Structural Works:

- Structural fire-safety upgrades required will be undertaken by June 2026 and will be included in the total refurbishment plan. Expected timeframe: within 6 months.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/06/2026
Regulation 28(2)(i)	The registered provider shall	Not Compliant	Orange	30/06/2026

	make adequate arrangements for detecting, containing and extinguishing fires.			
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