



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

Issued by the Chief Inspector

Name of designated centre:	Flannery's Nursing Home
Name of provider:	Flannery's Nursing Home Limited
Address of centre:	Chapel Road, Abbeyknockmoy, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	04 September 2025
Centre ID:	OSV-0000341
Fieldwork ID:	MON-0048167

About the designated centre

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

This registered centre is a modern purpose-built single-storey premises, which provides residential care for 60 residents. The building has many features that contribute positively to residents' quality of life. These include large bedrooms with en-suite facilities, windows that provide a view of the outside when sitting down, a range of sitting areas where residents can spend time during the day and wide hallways that enable residents to walk around freely. The centre cares for both female and male residents aged 18 years and over with the following care needs: respite care to residents following hospital stay, post-surgery or from home. Long-term care is provided to residents requiring full-time care, including those with dementia and who are no longer able to look after their own physical and mental wellbeing. The registered centre provides palliative care, dementia care, and convalescence care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60
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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
Thursday 4 September 2025	09:10hrs to 18:00hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

The residents living in this centre expressed a high level of satisfaction with the service provided. The inspector found that the centre was well-run, where the rights of residents were actively promoted, and where residents were enjoying a good quality of life. The feedback from the residents who spoke with the inspector was very complimentary of the service and the staff working in the centre. Residents felt that the staff knew them well, with one resident describing the staff "as mighty". When asked about the direct care received one resident stated "I love it here and I get everything I want". Staff spoken with had good knowledge of the residents, including their likes and dislikes. Residents were happy with the length of time it took to have their call bells answered. Throughout the day, the inspector observed the staff chatting with the residents in a free and easy manner about topics of interest to them.

All staff spoken with displayed knowledge of the importance of social engagement with residents. The inspector observed multiple group activities occurring on the day of the inspection. Several residents told the inspector that they enjoyed the entertainment programme. On the day of inspection, the large communal sitting room was a hub of activity. The inspector observed that staff actively encouraged residents to participate. During the morning quiz, the inspector observed that staff sat with the residents and supported them in partaking in the quiz. The inspector observed a lively flow of conversation that resulted in great laughter and entertainment to many residents. The activities staff on duty were aware of the importance of social engagement for all residents and as a result had protected time allocated each day to spend time with residents, who by choice, remained in their bedrooms.

Residents' rights were well respected. Residents were actively involved in the organisation of the centre and their feedback was reported back through a residents' survey and resident meetings. The centre had a resident committee that was chaired by a resident. Areas of concern were raised and escalated to the management team. The inspector was told by a committee member that the person in charge of the centre listens to their concerns and takes action. For example, residents reported dissatisfaction with the range of television channels that were available and this was now resolved with an increase in choice. When asked about the premises, a resident told the inspector that the staff were always completing fire drills and this gave them assurances that, should there be a fire in the centre, the staff knew what to do to keep residents safe. Staff responses on what to do in the event of a fire were detailed and consistent.

On a tour of the premises, the inspector observed that the premises were clean. On the day of inspection, the communal sitting and dining rooms were observed to be clean and free of clutter. A number of residents stated that their bedrooms are

cleaned daily. One resident told the inspector that "this place is shining" and went on to express appreciation to the staff for cleaning their bedroom daily.

The communal sitting room and the dining room are situated along the main corridor. The residents were observed using this distance to get exercise between meals. The residents were actively encouraged to walk up and down for their meals. The inspector observed that the residents were not rushed. The inspector observed that the noise coming from the mobility aids used by residents was loud and intrusive and due to this conversation could not easily be heard. This noise intrusion had been raised by residents at the resident meeting as a source of dissatisfaction. This was discussed with the management team who committed to review floor surfaces and resident mobility walking frames in an attempt to address the residents' concerns.

In summary, residents were observed receiving 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 this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspector found that residents received a good standard of direct care that met their care needs. Findings from the regulations reviewed reflected a commitment from the provider to ongoing quality improvement that enhanced the daily lives of residents. The governance and management was well-organised and the centre was well resourced to ensure that residents were supported to have a good quality of life. However, a review of the complaints management system found that the provider was not in full compliance with Regulation 34: Complaints procedure. While there was a complaints procedure in place, the inspector found that when dissatisfaction was raised, it was not always recognised as a complaint. In addition, the provider had not provided training to the nominated complaints' officers to ensure that all complaints were managed in accordance with the centre's procedures.

This one day unannounced inspection was carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). There were 60 residents accommodated in the centre on the day of the inspection and no vacancies.

Flannery's Nursing Home Limited is the registered provider of the centre. On the day of inspection, the inspector found that there was a clearly defined management structure in place with identified lines of authority and accountability. The management team was observed to have strong communication channels and a team-based approach to the delivery of the service. The person in charge facilitated

the inspection. The person in charge was supported in their role by an operations manager, an assistant director of nursing, a clinical nurse manager and a full complement of staff including nursing and care staff, activity staff, housekeeping, catering, administrative and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. The management team was a visible presence in the centre and were well known to residents and staff.

The inspector reviewed a sample of staff files. The files contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Records reviewed confirmed that training was provided through a combination of in-person and online formats. All staff had completed role-specific training in safeguarding residents from abuse, manual handling, infection prevention and control, the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and fire safety. Each staff member completed an induction process on commencement of working in the centre and were supported by the allocation of working alongside an existing member of staff.

Staffing and skill mix were appropriate to meet the assessed needs of the residents. The person in charge provided clinical supervision and support to all the staff. Staff, whom the inspector spoke with, demonstrated an understanding of their roles and responsibilities.

The provider had systems in place to monitor and review the quality of the service provided for residents. Monthly governance meetings were held where agenda items included areas of direct care delivery. A range of audits had been completed which reviewed practices such as care planning, medication management and infection prevention and control practices. Where areas for improvement were identified, action plans were developed and completed.

There was evidence that there was effective communication systems in the centre. Minutes of meetings reviewed by the inspector showed that a range of topics were discussed such as infection prevention and control, staffing strategy and other relevant management issues. The person in charge held responsibility for the management of the risk register. The risk register identified operational and clinical risks and the controls required to mitigate those risks. Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

The person in charge held responsibility for the review and management of complaints. At the time of inspection all logged complaints had been managed through the system and closed. Residents had expressed dissatisfaction with noise levels along communal corridors where there was also resident bedrooms. The inspector found that this was not recognised as a complaint and so not logged or

managed in line with the centre's policy. The provider had also not ensured that the nominated complaints officers had received training in complaints management.

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

The provider was committed to providing ongoing training to staff. While there were minor gaps in the training, a plan was in place to address this. On the day of inspection staff were appropriately trained. Staff responses to questions asked were detailed and they displayed a good level of knowledge.

Judgment: Compliant

Regulation 23: Governance and management

The centre was found to have adequate staffing resources in place to provide safe and effective care to the current residents. The management team was organised and familiar with the systems in place to monitor the care. Care audits had been completed.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had not ensured that all complaints were documented and managed in line with the requirements of the regulations. In addition, the provider had not provided training to nominated complaints' officers to ensure that all complaints were managed in accordance with the centre's procedures.

Judgment: Substantially compliant

Quality and safety

The inspector found that the care and support that residents received from the staff team was of a good quality, and that staff strived to ensure that residents were safe and well-supported. There was a person-centred approach to care, and residents' wellbeing and independence was promoted. The inspector found that residents' rights and choices were upheld.

All residents had an updated assessment of their needs completed to ensure the service could meet their health and social care needs. Each resident file reviewed had a range of clinical assessments completed using validated assessment tools. The outcomes were then used to develop an individualised care plan for each resident, which addressed their individual health and social care needs. Care plans were sufficiently detailed to guide care, and contained information that was holistic and person-centred. Daily progress notes were recorded, and detailed the current health care status of all residents whose files were reviewed.

A review of residents' records found that residents had appropriate and timely access to their general practitioner (GP) regarding their healthcare needs. Arrangements were in place for residents to access the expertise of health and social care professionals. Daily progress notes demonstrated good monitoring of care needs, and that recommendations made by healthcare professionals was implemented.

Residents reported that they felt safe living in the centre. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse.

Residents were free to exercise choice about how they spent their day. Residents were provided with regular opportunities to consult with management and seek assurances on the on-going changes that had occurred in the centre. Residents attended resident meetings. The centre had recently formed a resident committee.

This group was an additional way for residents to raise concerns and discuss operations of the centre.

The social calendar and importance of maintaining social engagement was given high priority. Residents told the inspector of previous outings that had occurred. For example, a group of residents had visited Knock shrine. Pictures of the day evidenced great enjoyment. On the day of inspection, multiple residents told the inspector that there was an organised outing occurring the following week which they were looking forward to. Weekly Sonas and music entertainment occurred in the centre.

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends. Visitors were openly welcomed in the centre and residents were happy with the arrangements in place.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted.

Judgment: 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 were provided with timely access to a medical practitioner. In addition, residents had access to health and social care professional services, in line with 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 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. 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 was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by the minutes of residents' meetings. The residents had access to local newspapers, radios, internet access, telephones and television.

The inspector found that residents' right to privacy and dignity was promoted, and positive, respectful interactions were seen between staff and 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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	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 Flannery's Nursing Home OSV-0000341

Inspection ID: MON-0048167

Date of inspection: 04/09/2025

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>1. Training for Complaints & Review Officers (Regulation 34(7)(a)):</p> <ul style="list-style-type: none">• Action Taken: The nominated Complaints Officer and Review Officer have both completed an initial online training module in complaints management in October 2025.• Action Planned: To ensure comprehensive expertise, placement has been requested for a more suitable and in-depth complaints management course. To further strengthen governance, other relevant management team members will also attend this training.• Timescale: <p>Placement requested- October 2025 This comprehensive training will be completed by 10 December 2025.</p> <p>2. Updating of Complaints Policy and Procedure (Regulation 34(6)(a)):</p> <ul style="list-style-type: none">• Action Planned: The Complaints Policy updated to explicitly state that all feedback and expressions of dissatisfaction from residents or their representatives, whether raised informally, formally, or during forums like resident meetings, will be logged and managed through the formal complaints procedure.• Action Planned: A mandatory staff meeting will be held to communicate these policy changes, ensuring all staff understand their responsibility to report all such matters for formal logging.• Timescale: <p>Policy updated and action completed – October 2025 Staff meeting- Due before November 20, 2025</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 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	20/11/2025
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable	Substantially Compliant	Yellow	10/12/2025

	training to deal with complaints in accordance with the designated centre's complaints procedures.			
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