



**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:	Harbour Lights Nursing Home
Name of provider:	Caring Hands Limited
Address of centre:	Townasligo, Bruckless, Donegal
Type of inspection:	Unannounced
Date of inspection:	05 February 2026
Centre ID:	OSV-0000345
Fieldwork ID:	MON-0048796

About the designated centre

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

Harbour Lights Nursing Home is located in a residential area a short drive from the town of Killybegs, overlooking Killybegs Harbour. It is registered to provide 24-hour care for 56 male and female residents over the age of 18 who have a range of care needs, including dementia. The philosophy of care, as described in the statement of purpose, involves every member of the care team sharing a common aim to improve the quality of life of each resident. The designated centre is in a two-storey building. The bedroom accommodation is comprised of 16 single rooms, nine double rooms, two three-bedroom rooms, and four four-bedroom rooms. There are sufficient communal areas for residents to sit, socialise and eat their meals in comfort. There is also an oratory, a smoking room and a safe garden area that are all readily accessible to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
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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 5 February 2026	10:00hrs to 18:15hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector found that residents living in this centre were provided with a good standard of care and support in a supportive environment. There was a person-centred approach in place which ensured that residents' human rights were respected and that residents were at the heart of the service. Feedback from residents was that this was a safe place to live, and that staff were very kind and respectful. The inspector observed that residents appeared at ease in the company of staff and management. The atmosphere in the centre was very warm and welcoming over the course of the inspection. This unannounced inspection was completed over one day. There were 53 residents accommodated in the centre on the day of the inspection and three vacancies.

The inspector arrived in the centre mid-morning. Residents were observed to be up and about in the various areas of the centre. Some residents were relaxing in the communal areas, while others were having their care needs attended to by staff. Following an introductory meeting, the inspector spent time walking through the premises, accompanied by the person in charge, giving an opportunity to review the living environment and to meet with residents and staff.

Harbour Lights Nursing Home is a two-storey facility registered to provide accommodation for 56 residents located outside Killybegs, County Donegal. The residents' living and bedroom accommodation areas are located on both floors which are serviced by an accessible lift. Bedroom accommodation comprised of single and multi-occupancy bedrooms, all of which were en-suite. Bedrooms were of a suitable size to cater for the assessed needs of residents, taking into account their privacy and dignity. Residents were encouraged to decorate their bedrooms with personal items, such as ornaments, photographs, art work and furniture. There was access to facilities for the safekeeping of residents' valuables. There was a sufficient choice of suitable communal rooms available for residents to use, which provided bright, spacious areas for rest and recreation. There was also adequate space available for residents to meet with friends and relatives in private should they wish to.

The design and layout of the building was appropriate to meet the assessed needs of residents, and to encourage and support independence. Corridors were wide and maintained clear of items, with appropriately placed grab rails in place to allow residents to mobilise safely around the centre. Call-bells were available in all areas and responded to in a timely manner. The centre was bright and well-ventilated throughout. Many areas provided residents with views of the outdoors including the local countryside and Killybegs harbour. The centre was very clean, tidy and well maintained and all areas were styled and furnished to create a comfortable, accessible living environment for residents.

There was safe, unrestricted access to an enclosed internal courtyard for residents to use, which provided residents with direct access to nature and fresh air. There was a variety of appropriate garden furnishings and seating available.

The inspector spent time observing staff and resident interaction in the various areas of the centre. There was a convivial atmosphere and residents were seen to be content as they went about their daily lives. Residents were observed to be relaxed and familiar with one another and their environment. It was evident that residents' choices and preferences in their daily routines were respected. Residents moved freely around the centre, and were observed to be socially engaged with each other and staff. Other residents were observed sitting quietly, relaxing and observing their surroundings. Communal areas were appropriately supervised and those residents who chose to remain in their rooms were supported by staff. Staff were observed to be kind and respectful in their interactions with residents, and care was delivered in a relaxed manner. The inspector observed staff promoting and protecting resident's privacy and dignity when providing personal care. Staff were seen to ensure that bedroom and bathroom doors were closed before assisting residents with their care needs. The inspector observed that personal care was attended to in line with residents' wishes and preferences. It was evident, from talking with residents, management and staff, that staff knew the residents very well and were familiar with each resident's daily routine and preferences.

Residents' feedback provided an insight of their lived experience in the centre. Residents commented that they were comfortable and happy. One resident said 'I can't complain, all is good here' and another resident described the centre as 'a relaxed, easygoing place'. Residents told inspectors that they were very satisfied with the care they received from staff. One resident said 'staff work very hard here, they take care of all our needs and are very particular to my needs'. Another resident said that 'the staff are very good and suitable for me, and they are getting to know me, I have everything and everyone I need around me and I get the help I need'. Residents told the inspector that they continued to enjoy their rights and freedoms, including going out into the community, attending appointments, receiving visitors, and maintaining contact with family and friends. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries. There were a number of residents who were unable to speak with inspectors and were therefore not able to give their views of the centre. However, these residents were observed to be comfortable in their environment.

Residents told the inspector that they had a choice in how they spent their day. Residents said they were able to go to bed and get up whenever they preferred. They said that they were able to choose what they wanted to do during the day. There were opportunities for residents to engage in recreational activities of their choice and ability every afternoon, including bingo, music and singing, and arts and crafts. A number of residents told the inspector that they preferred to spend most of their day relaxing in the communal areas, reading, watching television or simply watching the comings and goings in the harbour. One resident explained that they preferred to stay in the day room in the afternoon and said 'I can choose to do what I want and I am not forced to go to activities'. The inspector observed a number of residents enjoying a music session provided by one of the residents on the

afternoon of the inspection. Residents described how staff respected their privacy, and their right to choose.

The inspector observed visitors being welcomed to the centre throughout the day of the inspection. The inspector spoke with two relatives who were visiting on the day. Both were very complimentary in their feedback and expressed their satisfaction about the standard of care provided.

There was a good choice of food and refreshments available to residents throughout the day. Residents told the inspector that they were satisfied with the amount and the quality of food provided. The lunch time period was observed to be a pleasant, relaxed experience for residents. There were adequate numbers of staff available to support residents who required assistance and residents were supported with their meal in a respectful and dignified manner.

In summary, this was a good centre with a responsive team of staff who were committed to supporting residents to have a good quality of life, uphold their rights, and safeguard and protect them from the risk of abuse.

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

This was an unannounced inspection which focused on adult safeguarding and reviewed the arrangements the provider had in place to safeguard and protect residents from all forms of abuse and promote their human rights.

The findings of the inspection reflected a service that provided person-centred, positive outcomes for residents in an inclusive environment. The provider had established systems and processes in place to ensure that residents were safeguarded and protected from abuse and that their care was person-centred. However, while the provider had systems in place to monitor the quality of the service provided for the residents, some management systems in place were not fully effective. The system of oversight in relation to governance and management was not fully in line with the requirements of the regulations.

The registered provider of this designated centre is Caring Hands Limited, a company comprised of two company directors, one of whom represents the provider and is involved in the day-to-day management of the service. There was an established management structure in place. There was a person in charge in post and they were supported in their role by two assistant directors of nursing (ADONs); however, there was no supernumerary time allocated for the ADONs to ensure

appropriate management and oversight of the centre. There was a full complement of staff, including nursing and care staff, housekeeping and, catering staff. The person in charge and the provider representative were present throughout the inspection and were well-known to residents and staff.

The inspector found that, overall, there were sufficient resources in place in the centre to ensure that the rights, health and wellbeing of residents were supported. Staffing levels and skill-mix on the day of the inspection were appropriate for the size and layout of the building, and to meet the assessed health and social care needs of residents. However, a review of the staffing rosters found that the assistant directors of nursing were not allocated any management time. Therefore, there was no clinical management support available for the person in charge to allow for consistent oversight and monitoring of the service.

There were arrangements in place to support staff in their professional development. A system of staff performance review was used to assess staff performance across a range of competencies. Although staff were supported and facilitated to attend training relevant to their role, including safeguarding vulnerable people from the risk of abuse, the supervision of their knowledge and practices was not adequate, as a number of staff members were unsure of the safeguarding procedures.

There were a number of management systems in place to monitor and review the quality and safety of the service. A range of clinical and environmental audits had been completed which evaluated practices such as falls management, safeguarding, and complaints management. However, where areas of improvement were identified, action plans were not consistently developed and implemented.

An annual review of the quality and safety of the services had been completed for 2025, and included a quality improvement plan for 2026.

The inspector reviewed a sample of staff personnel files to ensure the provider's recruitment practices safeguarded residents from potential abuse. Records contained the necessary information, as required by Schedule 2 of the regulations, including Garda Síochána (police) vetting disclosures, documentary evidence of relevant qualifications, required references and current registration details. However, a small number of staff records included a vetting disclosure which was dated after the staff members commenced employment.

A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant. However, the complaints policy and procedure did not identify a complaint officer or a review officer.

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 required to mitigate those risks. There were systems in place to identify, document and learn from incidents involving residents.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of the residents, taking into account 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

The lines of accountability and responsibility for management roles were not clearly defined. There there was no allocated time for the assistant directors of nursing to support the person in charge in the management and oversight of the centre, as they were working as staff nurse in the centre. This lack of clinical supervision and support of staff and residents posed a potential risk to the delivery of a high-quality service and to the management of safeguarding within the service.

The management and oversight systems in place to ensure the service was safe and consistent were not fully effective. For example;

- there was inadequate oversight of staff knowledge in relation to protection of vulnerable adults, For example, a small number of staff did not demonstrate an appropriate level of understanding of what is meant by safeguarding.
- the complaints policy and procedure in place did not identify the complaints officer or the review officer, and did not set out the correct time lines for a complaint to be investigated and concluded, or for a review officer to respond with an outcome, should a review be requested.
- the systems used to evaluate and improve aspects of the service were not effective. For example, audits completed did not identify areas of the service that required quality improvement, such as training and supervision, records management and complaints management. Also, where areas of improvement were identified, there were no action plans developed and no evidence of any learning as a result of the findings.

Judgment: Not compliant

Quality and safety

The inspector found that the centre promoted a human rights-based approach to care and support for residents living in Harbour Lights Nursing Home. Residents were complimentary about the care and support they received from staff and they confirmed that their experience of living in the centre was positive. The inspector observed that the standard of care which was provided to residents was of a good quality. Residents' rights and choices were upheld, and their independence was promoted. Staff were respectful and courteous with residents.

A safeguarding policy provided guidance and support to staff on the appropriate actions and measures to take to protect residents should a safeguarding concern arise. The provider had established a safeguarding committee which was responsible for promoting and managing safeguarding in the service. Staff members were familiar with the management structure and the role of the safeguarding committee. Staff were facilitated to attend training in safeguarding vulnerable adults. Staff were generally knowledgeable about what actions to take if they had a safeguarding concern. However, the provider had not assessed the effectiveness of the training provided as a small number of staff spoken with did not demonstrate an appropriate awareness of what is meant by safeguarding.

Care delivered to residents was of a good standard and staff who spoke with the inspector were knowledgeable about residents and their individual needs. A sample of residents' files were reviewed by the inspector. Prior to admission to the centre, assessments were undertaken by the person in charge in order to determine if the centre could meet the assessed social and health care needs of prospective residents. Validated clinical assessment tools were used to identify potential risks to residents such as poor mobility, impaired skin integrity, and the risk of malnutrition. The outcomes of assessments were used to develop a holistic care plan for each resident which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. The care plans reviewed were person-centred and contained the necessary information to guide care delivery. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents had access to medical assessments and treatment by their general practitioners. Arrangements were in place for residents to access the expertise of health and social care professionals when required.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of

bedrails and records reviewed showed that appropriate risk assessments and care plans were in place.

The design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The environment and equipment used by residents were visibly clean on the day of the inspection.

There was a rights-based approach to care in this centre. Residents told the inspector that their rights and choices were respected. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice in their daily lives and routines, for example, residents had a choice in the time they wished to go to bed and when they could get up. All residents who spoke with the inspector reported that they felt safe in the centre and that their privacy and expressed wishes were respected.

Opportunities to participate in recreational activities in line with residents' choice and ability were provided and there were sufficient staff available to support residents in their recreation of choice. Residents had access to an independent advocacy service. Residents had the opportunity to meet together and to consult with management and staff on how the centre was organised, as evidenced by the minutes of resident meetings.

Regulation 17: Premises

The designated centre provided appropriate facilities for the number of residents and their assessed needs, in accordance with the statement of purpose.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor restrictive practices to ensure that they were appropriate.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Staff had access to training and a safeguarding policy which provided staff with support and guidance in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were upheld in the centre and their privacy and dignity were respected. Residents told the inspector that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

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	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Harbour Lights Nursing Home OSV-0000345

Inspection ID: MON-0048796

Date of inspection: 05/02/2026

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Specific: ADONs to be granted management time. Measurable; One half day each week allocated to an ADON. Achievable: Currently have enough staff nurses employed to allow this. Realistic: Hours will be allocated on the duty each week. Timebound: This is presently in place and reflected on the roster since the 10th of February.</p> <p>Specific: Inadequate insight and staff knowledge of a small number of staff that had not got an appropriate level of understanding in safeguarding. Measurable: The staff that are not aware were ancillary staff (cleaner, admin etc.) Achievable: These staff will complete training on safeguarding online. Realistic: They can complete a small course that will give them the insight and knowledge necessary for their role. Achievable: All staff will have completed Safeguarding training by the end of June 2026.</p> <p>Specific: Complaints policy and procedure was incorrect. Measurable: Needs to include the complaints officer and the review officer with timelines. A new complaints policy was designed outlining the details highlighted by the inspector in the Act. Achievable: The new complaints policy is now in place and a condensed version is hanging in the foyer. Realistic: All staff were informed of this procedure at a staff meeting, and the information emailed to those that did not attend. Timebound: The new policy and procedure is in place presently and a copy has been sent to HIQA on 13th February 2026</p> <p>Specific: Audits completed did not have specific quality improvements and changes needed. Measurable: Going forward the audits will have QIPs outlined. Achievable: The DON will attend training on auditing to gain knowledge to be able to complete this task appropriately. Realistic: Following training, audits will be completed in the new format with QIPs and learning. Timebound: By June 2026 all audits will follow the appropriate protocols outlined by HIQA</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)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	13/02/2026
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.	Not Compliant	Orange	30/06/2026