



**Health
Information
and Quality
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:	Hillside Nursing Home
Name of provider:	Mary Nuala Cormican
Address of centre:	Attidermot, Aughrim, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	08 May 2025
Centre ID:	OSV-0000347
Fieldwork ID:	MON-0047056

About the designated centre

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

Hillside Nursing Home is a single storey premises located in the village of Aughrim on the outskirts of Ballinasloe, Co Galway. Accommodation is provided in eight single, five double and two treble bedrooms. The centre provides residential, respite and convalescent nursing care to 24 residents from the surrounding catchment area. Hillside Nursing home's objective is to create a home facility that provides high quality care to residents; to meet residents mental, physical and spiritual needs in a safe, secure and comfortable environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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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 8 May 2025	10:15hrs to 17:30hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector observed that residents living in this centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents were complimentary about the staff in the centre and the care they provided. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a respectful and calm manner.

Hillside Nursing Home is a purpose-built single-storey facility providing accommodation for 24 residents situated in the village of Aughrim on the outskirts of Ballinasloe, County Galway. This unannounced inspection took place over one day. There were 24 residents in the centre on the day of the inspection and no vacancies.

On arrival at the centre, the inspector was met by the person in charge. Following an opening meeting, the inspector spent time walking through the centre, giving an opportunity to meet with residents and staff and to review the living environment. Residents were observed spending their day in the various areas of the centre. Some residents were sitting together in the sitting rooms relaxing, while other residents were in their bedrooms having their care needs attended to by staff.

The centre was found to be bright and comfortable throughout. The design and layout of the premises was appropriate for the number and the needs of the residents living in the centre. All areas of the centre were designed and furnished to create an accessible, homely living environment for residents. Resident bedroom accommodation consisted of single and multi-occupancy rooms, a number of which had ensuite bathroom facilities. Bedrooms were a suitable size to cater for the assessed needs of residents, taking into account their privacy and dignity. Residents were encouraged to personalise their bedrooms with items of significance, such as items of furniture, ornaments and photographs. There were sufficient communal spaces to provide opportunities for rest and relaxation. There was adequate private space available for residents to meet with friends and family members.

The corridors were maintained clear of items and there were appropriately placed grab rails to allow residents to mobilise safely around the centre. There was adequate storage facilities for equipment and general supplies. There was a sufficient number of toilets and bathroom facilities available to residents. The centre provided an onsite laundry service for residents' personal clothing which was appropriate for the size of the centre. The centre was warm and well-ventilated throughout. Call-bells were available in all areas and answered in a timely manner. While there were a small numbers of items of furnishings that were worn and in a state of disrepair, the provider had an ongoing programme of improvement works in place to address this.

There was safe, unrestricted access to outdoor areas which provided residents with direct access to nature, fresh air and opportunities to partake in gardening activities.

The enclosed gardens contained colourful, seasonal flowers beds, vegetable patches and lawns and a variety of appropriate outdoor furniture.

The inspector spent time observing staff and resident interaction in the various areas of the centre throughout the day. Residents were observed to be content as they went about their daily lives. They were relaxed and familiar with one another and their environment. The majority of residents were up and about as the day progressed. Some residents sat together in the communal areas while other residents chose to relax in the comfort and privacy of their bedrooms. The inspector observed residents moving freely around the centre, and others were observed sitting quietly, relaxing and observing their surroundings. It was evident that residents were supported to exercise choice in their daily routines. Familiar, respectful conversations were overheard between residents and staff, and there was a relaxed, convivial atmosphere in the centre. While staff were seen to be busy attending to residents throughout the day, the inspector observed that care practices were unhurried and respectful. Personal care was attended to in line with residents' wishes and preferences. Staff supervised communal areas appropriately and those residents who chose to remain in their bedrooms were supported by staff. It was evident from talking with staff that they knew the residents and their individual needs.

The inspector chatted and interacted with a large number of residents during the course of the inspection. Residents spoke positively about their experience of living in the centre. Residents commented that they were well cared for, comfortable and happy. One resident told the inspector 'the staff are very good to me', while another resident said 'I am very happy with everything here'. Residents said that they felt safe and secure, and that they could speak with staff if they were worried about anything. Residents who were unable to speak with the inspector were observed to be content in their environment.

Residents told the inspector that they had choice in how they spent their day. There were opportunities for residents to engage in recreational activities of their choice and ability. There was a schedule of activities in place which included music, board games and art classes. Residents' artwork was displayed in various areas throughout the centre. The inspector observed residents participating in various activities throughout the day. Staff were available to support residents and to facilitate residents to be as actively involved in activities as they wished.

The inspector observed visitors being welcomed to the centre throughout the day of the inspection. A number of visitors told the inspector that they were very satisfied with the care received by their loved ones. One visitor said 'we would be lost without the staff', and another visitor stated that their relative was 'treated like the queen'.

Residents were provided with a choice of nutritious meals from a menu that was updated daily. Residents told inspectors that they were satisfied with the quality and quantity of food they received, and confirmed the availability of snacks and drinks at their request. The residents' lunch time was observed to be a pleasant, relaxed experience for residents. Staff were observed to provide assistance and support to

residents in a respectful manner.

In summary, the inspectors 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. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced monitoring inspection, carried out by inspectors 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). The inspector also followed up on the actions taken by the provider to address issues of non-compliance in relation to Regulation 23: Governance and management found on the last inspection in April 2024.

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to achieve positive outcomes for residents who lived in the centre. The inspector found good compliance across all regulations reviewed. The provider had addressed the actions required in relation to Regulation 23: Governance and management.

The registered provider of this centre is a sole trader, Mary Nuala Cormican. The registered provider worked in the centre as the person in charge. The inspector found that there was an established and clear management structure in place. Information requested for during the inspection was provided in a timely manner. The person in charge demonstrated a good understanding of their role and responsibility and was knowledgeable about the requirements of the regulations. The person in charge was present throughout the inspection, and was observed to be a strong presence in the centre, providing effective leadership to all staff. They were supported by a full complement of staff, including nursing and care staff, housekeeping, catering, and maintenance staff. Management support was provided by the administration manager. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge.

The provider had implemented management systems to ensure that there was effective oversight of the quality of care received by residents. Clinical and environmental audits were completed by the person in charge. The audits included reviews of care planning, falls management, medication management, infection prevention and control, and complaints management. Where areas for improvement were identified, action plans were developed and completed. Audit results were

discussed at regular staff meetings.

The designated centre had adequate resources available to ensure residents received a good standard of care and support. The centre had a stable team which ensured that residents benefited from continuity of care from staff who knew their individual needs. Staffing levels and skill-mix were appropriate to meet the assessed health and social care needs of the residents, given the size and layout of the building. 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. The person in charge provided clinical supervision and support to all staff.

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.

The policies and procedures, as required by Schedule 5 of the regulations, were available to staff, providing guidance on how to deliver safe care to the residents.

The provider had systems in place to ensure the records, set out in the regulations, were available, safe and accessible.

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. Notifiable incidents were submitted to the Chief Inspector in line with regulatory requirements.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. 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

There was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role, and staff demonstrated an appropriate awareness of their training with regard to fire safety procedures and their role and responsibility in recognising and responding to allegations of abuse.
Judgment: Compliant
Regulation 19: Directory of residents
The directory of residents contained all the information specified in paragraph three of Schedule 3 of the regulations.
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 22: Insurance
Residents and their property was appropriately insured in the centre, in line with regulatory requirements.
Judgment: Compliant
Regulation 23: Governance and management
There were effective 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. 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.

Judgment: Compliant
Regulation 24: Contract for the provision of services
The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.
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
There was an effective complaints procedure in place which met the requirements of Regulation 34.
Judgment: Compliant
Regulation 4: Written policies and procedures
The policies required by Schedule 5 of the regulations were in place, available to staff and updated, in line with regulatory requirements.
Judgment: Compliant
Quality and safety
The inspector found that the standard of care which was provided to residents living in this centre was of a good standard. Residents reported that they received good

quality care and support from staff who knew them well. The inspector observed that residents' rights and choices were upheld.

Nursing and care staff were knowledgeable about residents' care needs and this was reflected in the nursing documentation. The inspector reviewed a sample of seven residents' care records. Residents had an assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. A range of clinical assessments were carried out for each resident on admission to the centre to identify care and support needs using validated assessment tools. The outcomes of assessments were used to develop a care plan for each resident which provided guidance on their assessed needs. Care plans were developed within 48 hours following admission to the centre. The inspector found that care plans were up-to-date and reflected each resident's uniqueness and their individual assessed needs and preferences. Care plans were updated every four months, or as changes occurred, in line with regulatory requirements. Daily nursing records demonstrated good monitoring of residents' care needs.

Residents received a good standard of nursing care and there was appropriate oversight of residents clinical care by the person in charge. 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.

The provider promoted a restraint-free environment in the centre, in line with local and national policy.

The inspector observed that residents' rights and choices were respected and facilitated in the centre. Residents were free to exercise choice in their daily lives and routines. Residents could retire to bed and get up when they chose. Resident meetings were scheduled regularly and residents were supported to attend providing an opportunity to consult with the provider on the management of the centre. Access to an independent advocacy service was facilitated where required.

The environment and equipment used by residents were visibly clean and the premises was generally well-maintained on the day of the inspection. Cleaning schedules were in place and equipment was cleaned after each use. There was an ongoing programme of maintenance in the centre.

The person in charge ensured that, where a hospital admission was required for any resident, transfers were safe and effective by providing all relevant information to the receiving clinicians and that all relevant information was obtained on the resident's return to the centre.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

Regulation 11: Visits

<p>Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.</p>
<p>Judgment: Compliant</p>
<p>Regulation 17: Premises</p>
<p>The designated centre provided appropriate facilities for the number of residents and their assessed needs, in accordance with the statement of purpose.</p>
<p>Judgment: Compliant</p>
<p>Regulation 25: Temporary absence or discharge of residents</p>
<p>Where a hospital admission was required for any resident, the person in charge ensured that all relevant information about the resident was provided to the receiving hospital and that all relevant information was obtained on the resident's return to the centre.</p>
<p>Judgment: Compliant</p>
<p>Regulation 26: Risk management</p>
<p>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.</p>
<p>Judgment: Compliant</p>
<p>Regulation 5: Individual assessment and care plan</p>
<p>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.</p>

Judgment: Compliant
Regulation 6: Health care
Residents had access to appropriate medical and allied health care professionals and services to meet their assessed needs.
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 9: Residents' rights
The provider had ensured that residents' rights were respected and that they were supported to exercise choice and control in their daily lives. 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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	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

