



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

## Issued by the Chief Inspector

Name of designated centre:	Mountbellew Nursing Home
Name of provider:	Mountbellew Nursing Home Limited
Address of centre:	Mountbellew, Galway
Type of inspection:	Unannounced
Date of inspection:	29 January 2026
Centre ID:	OSV-0000362
Fieldwork ID:	MON-0047588

## About the designated centre

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

Mountbellew Nursing home is a purpose built two-storey facility which can accommodate up to 35 residents. It is located in the town of Mountbellew close to many amenities including the post office, shops and restaurants. It accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, dementia care, physical and intellectual disabilities, palliative care, respite and post operative care. It does not have a dementia specific unit. Bedroom accommodation is provided on both floors in 23 single and six twin bedrooms. Sixteen bedrooms have en suite bathroom facilities. There is a lift provided between floors. There is a variety of communal day spaces provided including a dining room, day rooms, conservatory, smoking room, oratory and visitors rooms. Residents also have access to a secure enclosed garden area.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	33
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## How we inspect

To prepare for this inspection the inspector or 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 29 January 2026	19:30hrs to 21:00hrs	Leanne Crowe	Lead
Friday 30 January 2026	09:30hrs to 17:30hrs	Leanne Crowe	Lead

## What residents told us and what inspectors observed

This inspection found that Mountbellew Nursing Home was a well-run nursing home where residents' care needs were met to a high standard. The residents who spoke with the inspector praised the management and staff, as well as the quality of food and the centre's activity programme.

This was an unannounced inspection that was carried out over one evening and one day. On arrival to the centre on the first evening, the inspector was greeted by the nurse in charge. The person in charge was informed that the inspection was in progress and attended the centre. The person in charge also facilitated the second day of the inspection.

On the first evening of the inspection, a total of 33 residents were accommodated in the centre. Approximately 17 residents were observed to spending time in communal areas when the inspector arrived at the centre. The majority of these residents were seated in the large day room. A staff member was present to supervise residents, while also engaging in conversation with them or providing assistance. Residents in the day room were being served hot beverages and biscuits as they watched television or chatted to one another. A small number of residents were mobilising independently around circulating corridors, or were meeting with visitors in various areas of the centre. The remaining residents were settled in their rooms. A calm atmosphere was observed throughout the evening and staff were seen attending to residents in a warm and respectful manner. Residents confirmed that their personal routines were respected by staff, and that they retired to bed at a time of their own choosing.

On day two of the inspection, an introductory meeting was held with the person in charge, followed by a walk around the centre. At this time, many residents were having their breakfast in the dining room or were seated in the day room. While staff were seen to be busy, they were observed to respond to residents' requests for assistance promptly and in an unhurried manner.

Residents spoke positively about their experience of living in the centre. One resident described the nursing home as "the finest" and another said "I couldn't imagine living anywhere else". They emphasised the quality of care and support provided by the staff, saying "they couldn't be better to me" and "I love that staff take the time to talk with me while they're looking after me". Residents who spoke with the inspector felt that there was enough staff on duty at all times to meet their care needs.

A varied programme of activities was available to residents, including games, religious services and exercise classes. Activity staff also carried out activities with residents on a one-to-one basis. On the days of the inspection, staff were seen to encourage residents to engage with the activities, in line with their own capacities

and capabilities. Residents were observed preparing to celebrate St Brigid's Day by making crosses from rushes and reminiscing about traditions associated with the feast day, including the making of 'Brídéogs'. A musician attended the centre during the afternoon of the inspection, with one resident joining in with a guitar, while a number of other residents danced with staff or sang along. Residents praised the variety and frequency of the activities available. They also spoke about the outings that took place on a regular basis, for example, residents had attended a vintage car rally and a local agricultural show in the months prior to the inspection.

Residents were supported to socialise with family and friends. A number of residents told the inspector that they often go out with loved ones or visit the local village. One resident said "I can come and go as I please" and was happy with the level of independence afforded to them.

The general environment of the centre was visibly clean on both days of the inspection. Residents' bedrooms were tidy and well-maintained. Bedrooms were personalised with residents' belongings such as photos, flowers, artwork and ornaments. Residents told the inspector that they had sufficient storage for their clothes and personal possessions.

Residents' dining experiences were observed to be social and relaxed occasions. The dining room was well-laid out, and residents were seen chatting with each other or staff as they ate. Residents' meals were presented well and served promptly to residents, in line with their preferences and assessed needs. Residents confirmed that they enjoyed the variety and quality of the meals that were served to them. A range of snacks and drinks were also available to residents throughout the day. Residents who required supervision or assistance during their meals were supported in a respectful and unhurried manner. Some residents chose to eat in their bedrooms, which was facilitated by staff.

There were no visiting restrictions in place, and visitors were observed coming and going to the centre throughout the inspection. The inspector spoke with a number of visitors, who were very satisfied with the care provided to their loved ones.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements that were in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered to residents.

## Capacity and capability

This inspection found that the provider had a well-established and effective management structure, which ensured that good quality, person-centred care was provided to the residents of Mountbellew Nursing Home.

This was an unannounced inspection, carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended). The inspection took place over one evening and the following day. The inspector followed up on solicited information received by the Chief Inspector since the last inspection.

The registered provider of the nursing home was Mountbellew Nursing Home Limited. The person representing the registered provider was a director within the company. A floor manager worked full-time in the centre and participated in the management of the centre. There was a clearly defined management structure in place and the management team were aware of their individual roles and responsibilities. The person in charge worked full-time in the centre and was well-established in their role. An assistant director of nursing (ADON) supported the person in charge to monitor the quality and safety of the service. The remainder of the staff team comprised nurses, health care assistants, catering, housekeeping, activity, administrative and maintenance staff.

The overall management systems in place ensured that the service was safe, appropriate, consistent and effectively monitored. Key aspects of the service that included resident assessments and care planning, restrictive practices, nutrition and resident falls were monitored and audited regularly to identify areas for quality improvement. There was evidence that regular meetings occurred between the person in charge and the senior management team to review key clinical and operational aspects of the service. Minutes of these meetings were available for review, and demonstrated that time-bound action plans were developed as needed.

On the days of the inspection, the staffing levels and skill-mix were observed to be appropriate to meet the assessed health and social care needs of the residents accommodated in the centre. Rosters were available for review and reflected the configuration of staff on duty on the days of the inspection.

All staff were facilitated to attend training appropriate to their role, such as fire safety, moving and handling procedures and safeguarding of vulnerable people. Additional training was also provided in areas such as cardiopulmonary resuscitation (CPR). Staff were knowledgeable regarding the training they had completed to date.

The inspector reviewed a sample of staff files. These contained all of the information and documentation required by Schedule 2 of the regulations, including evidence of An Garda Síochána vetting disclosures and registration with the Nursing and Midwifery Board of Ireland (NMBI).

A sample of residents' contracts of care were reviewed. Each resident's contract outlined the terms and conditions of the accommodation, including the fees to be paid by each resident. Each contract was signed by the resident, or their representative.

The centre had a complaints policy and procedure, which described the process of raising a complaint or a concern. A summary of the complaints' procedure was also displayed prominently. Residents and visitors who spoke with the inspector felt that

any complaints raised would be addressed promptly and appropriately by the management team.

### Regulation 15: Staffing

On the days of the inspection, the staffing levels and skill-mix were appropriate to meet the assessed needs of residents, in line with the centre's statement of purpose.

Judgment: Compliant

### Regulation 16: Training and staff development

Training records demonstrated that all staff were up-to-date with training in moving and handling procedures, fire safety and the safeguarding of residents from abuse. Other training was completed by staff, as needed.

Staff were appropriately supervised to ensure that the care needs of residents were met, in line with their assessed needs.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The management team were aware of their individual lines of authority and accountability. There were sufficient resources available to ensure the delivery of care, in accordance with the centre's statement of purpose. The systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

The person in charge had completed a review of the quality and safety of care provided in 2025, which included a quality improvement plan.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. Each contract outlined the terms and conditions of the accommodation and the fees to be paid by the resident. All contracts had been signed by the resident and/or their representative.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of notifications found that the person in charge had notified the Chief Inspector of any incident required by Schedule 4 of the regulations, within the required time-frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

The centre's complaints management policy met the requirements of the regulations.

Judgment: Compliant

## Quality and safety

Overall, residents living in the centre enjoyed a good quality of life, and that their individual care needs were met to a high standard.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of comprehensive care plans, which were reviewed every four months, or more frequently if required. A review of a sample of these care plans found that they were extremely detailed, person-centred, and reflected the individual care needs of the residents. There was evidence that care plans were reviewed in consultation with residents or a nominated representative.

Residents had timely access to a general practitioner (GP) of their choice. Residents who were identified as requiring additional health and social care professional expertise were referred to these services, as needed. Records evidenced that the

recommendations of health and social care professionals were implemented and reviewed to ensure the best outcomes for residents.

The provider had arrangements in place to support the provision of compassionate end-of-life care to residents, in line with their assessed needs and wishes. Records reviewed evidenced that the centre had access to specialist palliative care services for additional support and guidance, if needed.

A restraint-free environment was promoted in the centre. The provider had arrangements in place to monitor the use of restrictive practices. Restrictive practices were informed by an appropriate risk assessment and were only implemented when alternative measures were assessed as being unsuitable.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received care and support, in line with their individual needs.

There were systems in place to protect residents from abuse. There was an up-to-date policy and procedure in place in relation to safeguarding, which guided staff practice. Staff also completed regular training in the prevention, detection and response to abuse.

Residents' civil, political and religious rights were promoted and respected by staff. It was evident that residents were supported to exercise choice in relation to how they spent their day. A programme of activities was delivered by dedicated activities staff, with the support of the wider staff team. These activities were aligned to residents' interests and capabilities. Residents were extremely satisfied with the range of activities that were available to them.

Residents were supported to maintain links with their local community, including outings with families and friends, and visits to the local village.

Residents were consulted with in relation to the operation of the centre. There were opportunities for the residents to provide feedback on the quality of the service, and there was evidence that any feedback was addressed promptly and to the satisfaction of residents.

The fire alarm system, emergency lighting system and fire fighting equipment were serviced at the appropriate intervals. The provider maintained records of daily, weekly and monthly checks in relation to aspects of fire safety, including means of escape and tests of the fire alarm system. Residents' personal emergency evacuation plans (PEEPs) identified the different evacuation methods applicable to individual residents, in the event of an emergency. Evacuation drills took place on a regular basis throughout the centre. Records of these were comprehensive and highlighted any areas of improvement that were identified.

## Regulation 10: Communication difficulties

There were systems in place to support residents with additional communication needs, including any specialist requirements.

Judgment: Compliant

## Regulation 11: Visits

There were flexible arrangements in place to support residents to receive visitors. Residents could meet with visitors in their bedroom, a dedicated visitors' room, or in communal areas.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents had suitable storage space for their personal belongings, including access to lockable storage within their bedrooms.

Judgment: Compliant

## Regulation 13: End of life

There were systems in place to ensure residents approaching the end of life had appropriate care and comfort, which respected their dignity and autonomy, and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

## Regulation 28: Fire precautions

There were systems in place to protect residents from the risk of fire, including the regular review and servicing of fire safety equipment.

Staff were facilitated to complete fire safety training on an annual basis.

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 observed to be person-centred, and updated at regular intervals and as needed.

Judgment: Compliant

### Regulation 6: Health care

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

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There were systems in place to ensure that staff were appropriately skilled to support residents with responsive behaviours. Residents who experienced responsive behaviours had appropriate assessments completed, which informed the developed of person-centred care plans.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected by staff. There were arrangements in place to ensure that residents' privacy and dignity was maintained at all times.

Residents had opportunities to participate in meaningful activities, in line with their interests and capacities. Residents were supported to access advocacy services, if they so wished.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>What residents told us and what inspectors observed</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 28: Fire precautions	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