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:	Portumna Retirement Village
Name of provider:	Tony Williams
Address of centre:	St Brendan's Road, Portumna, Galway
Type of inspection:	Unannounced
Date of inspection:	29 July 2026
Centre ID:	OSV-0000378
Fieldwork ID:	MON-0050029

About the designated centre

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

Portumna Retirement Village nursing home is two storey in design and purpose built. It can accommodate up to 63 residents. It is located on the outskirts of the town of Portumna, close to many local amenities. Portumna Retirement Village 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 primarily for older persons who require general nursing care, respite, convalescent and palliative care. Bedroom accommodation is provided in 53 single and five twin bedrooms. All bedrooms have en suite shower facilities. There is a variety of communal day spaces provided on both floors including dining rooms, day rooms, sensory room, smoking room, family room and large seated reception area. Residents have access to a secure enclosed courtyard garden area as well as mature gardens surrounding the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 29 July 2026	10:00hrs to 17:40hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed over one day. The consistent feedback from residents living in the centre was one of satisfaction with the care provided. Residents who spoke with the inspector were complimentary of the service, saying that they 'couldn't be happier'. The atmosphere in the centre was relaxed and welcoming.

Located in Portumna, Co. Galway, the designated centre is registered to provide care to a maximum of 63 residents. There were 61 residents living in the centre on the day of this inspection.

On arrival to the centre, the inspector was greeted by a resident, who was sitting outside the main entrance area, enjoying a cup of tea. Following an introductory meeting with the assistant director of nursing, the inspector walked through the centre, meeting residents and staff. The person in charge facilitated the remainder of this inspection.

The designated centre is laid out over two floors, which were accessible by stairs and by passenger lift. Resident private and communal accommodation was laid out on both floors of the centre. Resident bedroom accommodation consisted of 53 single and five twin bedrooms, all with ensuite shower and toilet facilities.

On the walk through of the centre, the inspector was greeted by several residents who were relaxing in the communal areas, and in their bedrooms. Other residents were getting ready for the day. The inspector noted that many residents' bedrooms were personalised with items such as their photographs, artwork and ornaments and fresh flowers. Resident bedrooms and ensuite facilities were noted to be clean and tidy. The inspector observed that the provider was refurbishing flooring in resident bedrooms and along circulating corridors in the centre.

There were a variety of communal rooms on both floors of the centre, including several dining rooms and sitting rooms, a designated smoking room and a visitors' room. The inspector observed that there was constant activity in the communal areas throughout the day. A schedule of daily activities was displayed in each resident bedroom, and residents were encouraged to partake in activities of interest to them, including a live music session in the afternoon. There were some residents who preferred to spend time independently in their bedrooms, and they told the inspector that they had choice about how to spend their day. Residents were seen moving freely throughout the centre.

The inspector observed that the enclosed outdoor courtyard was refurbished, and easily accessible for residents to go outdoors independently or with support from

staff, if required. Additional seating was provided outside of the main entrance to the centre, for those residents who wished to spend time there.

The inspector observed the lunch time meal service in the dining room on the ground floor. The lunchtime was a relaxed and sociable experience. Meals were freshly prepared in the centre's on-site kitchen, and served in the dining room by the staff. The food served appeared nutritious and appetising. Staff were observed to be respectful and discreetly assisted the residents during the meal times. The inspector observed hot drinks and snacks were offered to residents throughout the day. Feedback from the majority of residents regarding the quality of food and the choice of menu provided was positive.

Over the course of the day, the inspector observed residents in various areas of the centre. The inspector met with residents who had moved into the centre recently, and with residents who had been living in the centre for many years. Residents who greeted the inspector appeared to be relaxed, and content in their surroundings, and they reported that they were very happy with their lives in the centre. The inspector observed a number of person-centered interactions between residents and staff during the inspection. It was evident that the management team was well-known to the residents. Interactions between residents, staff and management were observed to be respectful and kind.

Information regarding advocacy services was displayed in the centre, and residents were supported to access this service, if required.

Visiting arrangements were flexible, and visitors were observed being welcomed into the centre throughout the inspection. Residents met with their friends and loved ones in their bedrooms or communal rooms. The inspector had an opportunity to meet with one visitor who gave positive feedback regarding the quality of the service.

The following sections of the report detail the findings with regard to the capacity and management of the centre, and how this supports the quality and safety of the service provided to residents.

Capacity and capability

This was an unannounced inspection conducted, by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended) and to follow up on the findings of the previous inspection in October 2025. Overall, this inspection found evidence of sustained improvements in many aspects of the service, and the management team demonstrated a commitment towards achieving compliance.

However, fire precautions and notification of incidents were not fully aligned with the requirements of the regulations.

The provider of Portumna Retirement Village was Tony William. There was a clearly defined management structure in place with identified lines of responsibility and accountability. The management team consisted of a person in charge who worked full-time in the centre. The person in charge was supported in their role by an assistant director of nursing and a senior staff nurse. There were deputising arrangements in place in the absence of the person in charge. The provider also employed a general manager who provided operational support to the person in charge. The management team were a visible presence in the centre, and they were knowledgeable of residents' individual care needs. A team of nurses, healthcare assistants, activities, catering, house-keeping and maintenance staff made up the staffing compliment.

There were 61 residents accommodated in the centre on the day of the inspection. This inspection found that staffing levels on the day of the inspection were sufficient to meet the assessed needs and dependencies of residents. Communal areas were appropriately supervised. The registered provider ensured that staff had access to a variety of training and education, appropriate to their role. There was a comprehensive training programme in place that incorporated a selection of both face-to-face and online training. Records confirmed that staff were facilitated to attend mandatory training in safeguarding, infection prevention and control, fire safety, and manual handling.

There were management systems in place to monitor the effectiveness of care delivered to residents and to identify areas for improvement. A programme of audits were undertaken by the management team to measure the quality of care provided to residents, including end of life care, wound care, nutrition and medication management. A review of completed audits found that they were effectively used to identify risks and deficits in the service. Quality improvement plans were developed and corrective actions were completed, where required.

A review of the complaints records found that complaints and concerns were responded to promptly, and managed in line with the requirements of Regulation 34: Complaints procedures.

A record of all accidents and incidents involving residents was maintained. However, a small number of incidents were not appropriately notified to the Chief Inspector of Social Services, within the required time-frame.

A review of a sample of the contracts for the provision of services in place for residents found that each contract detailed the terms and conditions of the residents' accommodation and the services provided. Contracts outlined the fees to be charged for services.

The provider maintained a suite of written policies and procedures, as set out in Schedule 5 of the regulations.

Records were seen to be stored securely in the designated centre. There was evidence that staff were appropriately vetted prior to commencing employment in the centre. An Garda Siochana (police) vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, were available in the designated centre for each member of staff.

Regulation 15: Staffing

There were sufficient numbers of staff available with an appropriate skill mix having regard for the needs of the residents and the layout of the centre. A review of the rosters confirmed that there was a registered nurse on duty at all times in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records demonstrated that staff were facilitated and supported to attend training in fire safety, moving and handling practices, and safeguarding vulnerable persons.

Judgment: Compliant

Regulation 23: Governance and management

Some of the management systems in place to ensure that the service was safe and effectively monitored were not fully effective. This was evidenced by the

- inadequate oversight of fire precautions and notifiable incidents.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of the residents' contracts for the provision of care services. Each contract detailed the terms and conditions of the residents'

accommodation and the services provided. Contracts outlined the fees to be charged for services.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of records in relation to incidents in the centre found that a safeguarding allegation, and the unexplained absence of a resident from the centre, were not notified to the office of the Chief Inspector, within the required time frames. The person in charge submitted these notifications following this inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. Records demonstrated that complaints documented within the centre's complaint log were managed in line with the requirements of the regulation.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received care and support from a team of staff who knew their individual needs and preferences. There were frequent opportunities for social engagement and well-established links with the community. Residents had good access to a team of allied care professionals, and the provider was delivering a good standard of social and health care to residents, in line with their assessed needs. However, the findings in relation to fire precautions did not align fully with the requirements of the regulations.

The designated centre had a fire safety system in place, including fire-fighting equipment and a fire detection and alarm system. Staff had received fire safety training and fire drills were completed regularly. However, the recorded drills did not provide assurance that residents could be safely evacuated to a place of safety in a timely manner. Additionally, the inspector found that some of the fire doors did not

provide assurance of effective containment of smoke and fire in the event of a fire safety emergency. This is addressed under Regulation 28; Fire precautions.

A review of resident care records demonstrated that each resident had a comprehensive assessment of their health and social care needs carried out prior to admission to ensure the centre could provide them with an appropriate level of care and support. Following admission, a range of clinical assessments were carried out using validated assessment tools to identify areas of risk specific to each resident. The outcomes of these assessments were used to develop an individualised 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.

Residents' health care needs were met through regular assessment and review by their general practitioner (GP). A dietitian visited the centre on a regular basis, and records demonstrated that residents were referred to health and social care professionals such as tissue viability nurse specialists, and speech and language therapy, as needed. A physiotherapist attended the centre weekly and referrals were made to occupational therapy services, as required.

Residents were free to exercise choice about how they spent their day. Residents had the opportunity to meet together and discuss management issues in the centre including safeguarding, the complaints procedure and restrictive practices. Residents had access to an independent advocacy service. There was a schedule of activities which included art, a weekly live music session, bingo, word games, exercises and reminiscence therapy. Residents' wishes in relation to their preferred religious practices were recorded and respected. A local priest attended the centre on a weekly basis to celebrate mass. Other religious and pastoral services could also be made available, if required.

Visiting within the centre was being facilitated and the inspector saw a number of residents receiving visitors in their bedrooms or in communal rooms. The inspector had an opportunity to speak with one relative who was visiting on this day of the inspection, and the feedback given was positive regarding the quality of the service.

Regulation 11: Visits

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

Judgment: Compliant

Regulation 28: Fire precautions

The arrangements in place to ensure that the containment of fire in the event of an emergency was not adequate. For example,

- Several cross corridor fire doors did not close fully, to form an effective seal when the fire doors were released, and door closure devices on two bedroom doors fire doors were broken. This could impact the effectiveness of the door to maintain fire, smoke or fumes in the event of a fire emergency.

The arrangements for evacuating, where necessary in the event of a fire, all persons in the designated centre and the safe placement of residents was not adequate. For example:

- Although records of fire evacuation drill evaluations were available, they did not clearly detail the scenario simulated, the number of participants involved and the type of equipment used to evacuate each resident, to provide assurances regarding residents' timely evacuation in the event of a fire safety emergency in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were developed following a comprehensive assessment of residents needs, and were reviewed at four monthly intervals in consultation with the residents and, where appropriate, their relatives.

Care plans reviewed were person-centred, and reflected residents' needs. There was sufficient information to guide the staff in the provision of care to residents based on residents individual needs and preferences.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate health and medical care, including evidenced-based nursing care. Residents had timely access to medical assessments and treatment by their general practitioners (GP).

Residents were provided with timely access to a range of health and social care professionals, including physiotherapy, dietitian services, speech and language therapy, tissue viability expertise, psychiatry of later life, and palliative care.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities for residents to engage in recreational and occupational opportunities.

Residents had access to internet, radio, television and newspapers. Residents were supported to exercise choice in relation to their daily routines. Resident meetings were held on a regular basis.

There was an independent advocacy service available in the centre.

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	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Portumna Retirement Village OSV-0000378

Inspection ID: MON-0050029

Date of inspection: 29/07/2026

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Overall fire safety management will be assessed. This assessment will include both the physical aspects of the building, signage, fire-fighting equipment and also the staff practices of fire drills, - including their frequency, the scenarios, accounting for time of day and dependency of residents, and the learnings that can be achieved as detailed in revised fire drill evaluation reports. Management will continue to adhere to all in-house safety and safeguarding issues but increased priority will be given to submitting notifications to HIQA within the required timeframes.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Management will ensure that all notifications to HIQA will be submitted withinthe required time frame.	

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Both bedroom doors that were the subject of the report have been replaced with new fire doors.

All cross-corridor doors are currently undergoing assessment which will result in adjustment or repair or replacement to ensure full compliance with fire safety requirements.
The fire drill evacuation report has been revised to include all required detail.

The fire drill practices have also been revised to reflect more accurate scenarios, with a lot of focus on worse scenarios and the evacuation of the larger compartments.

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)(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.	Substantially Compliant	Yellow	20/11/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	20/11/2026
Regulation 28(2)(i)	The registered provider shall	Substantially Compliant	Yellow	20/11/2026

	make adequate arrangements for detecting, containing and extinguishing fires.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	20/10/2026