



**Health  
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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:	03 June 2025
Centre ID:	OSV-0000378
Fieldwork ID:	MON-0047131

## 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:	55
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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
Tuesday 3 June 2025	10:10hrs to 18:25hrs	Rachel Seoighthe	Lead

## What residents told us and what inspectors observed

This unannounced inspection was completed over one day. The consistent feedback from residents was positive about the care they received. Residents told the inspector about the kindness of staff, and the quality of the service provided, which was described as 'top class'.

Located in the village of Portumna, Co. Galway, Portumna Retirement Village is registered to provide care for a maximum of 63 residents. There were 55 residents living in the centre on the day of inspection. The centre was a purpose-built, two-storey facility, with stairs and passenger lift access between floors. Resident bedroom and communal accommodation was provided on both floors of the centre.

On arrival to the centre, the inspector was welcomed by the assistant director of nursing. Following an introductory meeting with the management team, the inspector spent time walking through the centre, giving an opportunity to meet with residents, and observe their living environment. The atmosphere in the centre was calm and welcoming.

The entrance to the centre opened into a bright and spacious reception area, with a visitors room and a quiet sitting room located on either side. Several residents were observed relaxing in the reception area, where the centres' two cats were seen lounging. The reception area was located opposite the main ground floor sitting room, which was large and decorated with comfortable furnishings. An enclosed courtyard garden was accessible from the sitting room, and a dining room was located next door. Other communal areas included a relaxation room on the ground floor, and several other sitting rooms and a dining room, located on the first floor.

Residents were observed relaxing in the communal areas, and some residents remained in their bedrooms to rest, in line with their preferred daily routines. Resident bedroom accommodation consisted of single and shared bedrooms, with en-suite facilities, many of which were decorated with residents personal memorabilia, such as photographs and soft furnishings. Call bells and television were provided in all bedrooms. On the walk through the centre, the inspector observed that a programme of refurbishment works was underway, including the reconfiguration of shower units, and redecoration of resident bedrooms and ensuite bathrooms. Some resident bedrooms were decorated with colourful feature walls. One resident informed the inspector that they were very happy with their bedroom, and described having 'lovely lodgings with lovely people.'

The building was found to be well laid out to meet the needs of residents, and to aid and encourage independence. Corridors were sufficiently wide to accommodate residents with walking aids, and there were handrails available to assist residents to mobilise safely. The general environment of the centre was visibly clean and tidy, with the exception of a sluice room and a small number of ensuite bathrooms. The

communal areas were warm and comfortable.

All residents spoken with on the day of inspection were very complimentary of the service provided. The inspector observed staff speaking with residents in a kind and respectful manner, and to know their needs well. A resident described feeling worried about coming to live in a nursing home, and stated that they were 'pleasantly surprised' by their experience of living in the centre. This comment was echoed by a resident who praised the staff, and asked the question, 'where would people like us go if it wasn't for a place like this?'.

A schedule of activities was displayed and there was a variety of activities for residents to choose from, including art, exercises, music and animal therapy. The inspector observed a colourful patchwork quilt on display at the entrance to the centre, which was made by the residents, with the support of the activity and catering teams.

Information boards for residents were displayed throughout the centre, and they included information regarding advocacy services. The inspector was informed that residents were supported to access this service, if required.

Visitors were observed attending the centre throughout the inspection and the inspector noted that there was adequate private space for residents to meet their visitors.

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.

## 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 Centres for Older People) Regulations 2013. This inspection also reviewed the action taken by the registered provider, to complete the compliance plan submitted following the last inspection in April 2024, in relation to infection control, fire precautions, and the premises. The findings of this inspection were that the provider had an established management structure, that ensured the provision of safe and quality care to residents. The provider was working hard to enhance the care environment, which had a positive impact on the resident's quality of life. While good levels of compliance was identified on this inspection overall, the inspector found that individual assessment and care planning, protection, infection control, fire precautions and records and governance and management, were not fully aligned to the requirements of the regulations.

The provider of the centre was Tony Williams. There was a well-defined

management structure, with identified lines of authority and accountability. The person in charge worked full-time in the centre and they were supported in their role by an assistant director of nursing and a clinical nurse manager. There were deputising arrangements in place in the absence of the person in charge. Additional management support was provided by a general manager. A team of nurses, care assistants, activities, catering, house-keeping and maintenance staff made up the staffing complement. The management team were knowledgeable regarding residents' individual care needs.

The provider had sufficient resources in place to ensure the effective delivery of care in accordance with the statement of purpose. On the day of inspection, there was an adequate number and skill mix of staff to meet the assessed needs of the 55 residents living in the centre. There were a minimum of two registered nurses on duty at all times. Staff had good access to a variety of training programmes. Training records demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of residents. Staff also confirmed their attendance of training programmes and were able to describe how they used learning gained from this training in their daily work routines, for example nursing staff were able to describe the actions they needed to take in the event of the fire alarm being activated. There were systems in place for the supervision of staff.

The senior management team met regularly to discuss the review of key clinical and operational aspects of the service. There was evidence of regular communication with staff, by way of meetings and a monthly newsletter. An audit schedule was used to measure the quality of care provided to residents. This included audits of hand hygiene, catheter care, and environmental cleaning. Any areas of quality improvement identified through these audits had a corresponding action plan that had been completed.

There was a risk management policy and a risk register in place. However, this inspection found that some known risks, such as those related to residents assessed as being at high risk of choking, were not recorded in the centres risk register. This meant that a formal review of effectiveness of the control measures in place to mitigate the risks was not undertaken following adverse incidents, in order to ensure resident safety. This is discussed further under Regulation 23: Governance and management.

A record of all accidents and incidents involving residents that occurred in the centre was maintained. Notifications required to be submitted to the Chief Inspector were done so in accordance with regulatory requirements.

The inspector found that record management systems were not robust. Staff files were stored in an unregistered part of the designated centre, and records relating to some staff files could not be retrieved on the day of inspection. A garda vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021 was not in place for one staff prior to commencement of employment in the centre.

A review of the complaint records found that the majority of complaints and concerns were responded to promptly and managed in line with the requirements of the regulations.

### 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.

There was at least two registered nurses on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

There were arrangements in place to ensure that staff were facilitated to access training in areas such as fire safety, safeguarding of residents and moving and handling practices.

Judgment: Compliant

### Regulation 21: Records

Records were not consistently maintained as required by Schedule 2 and 3 of the regulations. For example:

- Staff personnel files were held in an unregistered part of the designated centre and complete files for some staff who were employed on an adhoc basis were not available to view on the day of inspection.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Some of the management systems in place did not ensure adequate oversight in areas such as risk and record management, to ensure that the service was safe and consistent.



Judgment: Substantially compliant

## Quality and safety

Overall, the inspector found that the standard of care provided to residents living in this centre was of a good quality. Residents were well cared for, comfortable and their health care and social needs were met. Residents' were satisfied with their care and supports and spoke highly of the staff who cared for them. However, individual assessment and care planning, protection, infection control and fire precautions, did not meet the requirements of the regulations.

Measures were in place to safeguard residents from abuse. Staff had completed up-to-date training in the prevention, detection and response to abuse. A safeguarding policy and procedure was in place to safeguard residents from the risk of abuse. However, the inspector found that safeguarding policies and procedures were not consistently implemented, in relation to the documentation of preliminary screening assessments for two potential safeguarding concerns. This is detailed under Regulation 8: Protection.

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 the 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. The inspector viewed a sample of residents' files, with a range of needs, and found that while the majority of care plans were person-centred and very informative, a small number of care plans relating to areas such as mobility and skin were not consistently updated when the residents' condition or needs changed. This did not ensure that staff had sufficient, up-to-date information to guide them in their delivery of care.

Overall, the premises was clean, warm and well-maintained. There was adequate communal spaces for residents to relax. Alcohol gel was available, and observed in convenient locations throughout the building. Personal protective equipment (PPE) was available on all floors. Sufficient housekeeping resources were in place. Used laundry was segregated in line with best practice guidelines and the centres laundry was in the process of being refurbished. While areas of good practice were noted, one sluice room was cluttered with equipment and some equipment in ensuite bathrooms could not be effectively cleaned. This is detailed under Regulation 27: Infection control.

There were measures in place to protect residents against the risk of fire. These included regular checks of means of escape to ensure they were not obstructed, and checks to ensure that equipment was accessible and functioning. However, the

inspector observed that adequate precautions were not in place in all areas. For example, oxygen cylinders were not stored securely in the nurses station on the first floor, and personal evacuation plans (PEEP) did not contain up-to-date information for some residents. This is addressed under Regulation 28: Fire precautions.

Residents had access to general practitioners (GPs) and there was evidence of regular medical reviews within residents' records. Residents were referred to specialist services including dietitians, physiotherapy, occupational therapy, podiatry, palliative care and old age psychiatry, as required.

The inspector observed that management and staff ensured that residents' rights were respected and upheld. Residents were free to exercise choice about how they spent their day. There was an activities schedule in place which provided residents with opportunities to participate in a choice of recreational activities throughout the day. Residents had access to internet, television, radio and newspapers. Religious services and resources were available. Advocacy services were available to residents and there was evidence that they were supported to avail of these services, if needed. Residents' views on the quality of the service provided were sought through residents' meetings, which were regularly convened. Agenda items included complaints, activities, hand hygiene, gardening, safeguarding, infection control and residents choice around decoration of the premises.

Visits by residents' families were encouraged and there was adequate private space for residents to meet their visitors.

### Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visiting arrangements were flexible and there was adequate private place for residents to meet their visitors.

Judgment: Compliant

### Regulation 12: Personal possessions

The inspector found that residents living in the centre had appropriate access to and maintained control over their personal possessions.

Judgment: Compliant

### Regulation 26: Risk management

The registered provider had a risk management policy in place. This included the hazard identification and assessment of risks throughout the designated centre.

Judgment: Compliant

### Regulation 27: Infection control

Some issues were identified which had the potential to impact the effectiveness of infection prevention and control within the centre and posed a risk of cross infection. This was evidenced by:

- There was inappropriate storage of household equipment in sluice rooms, and care equipment was stored in an assisted bathroom, which could result in cross contamination.
- Shelving units and shower chairs in a small number of resident en-suite bathrooms were rusted and could not be effectively cleaned.
- There was insufficient suitable storage in some resident en-suite bathrooms, and items such as wash hand basins were seen stored on the floor.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider did not have adequate precautions against the risk of fire in place. For example:

- Oxygen cylinders were not stored securely in the first floor nurses station.
- Two final fire exit doors were locked with a key which were carried by nursing staff. There was no spare keys located in close proximity to the doors, which may pose a delay in evacuating residents in the event of a fire emergency in the centre.
- Emergency lighting was missing at two fire exit routes, to direct and illuminate the route of escape in the event of a fire evacuation.
- Personal evacuation plans (PEEPS) viewed for several residents were not up-to-date, and did not clearly describe the methods for evacuating residents from the centre, which may delay the direction of residents and staff, in the event of a fire.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

A review of residents' assessments and care plans found that some residents' care plans were not reviewed and updated at four monthly intervals or in response to their changing needs. This was evidenced by:

- Two residents assessed as being at risk of skin damage did not have care plans that contained the most up-to-date information in relation to the residents' skin integrity needs.
- Care plans were not always updated when there was a change in a residents condition. For example, following a fall, where a reassessment of need found that the residents' risk of falling was high, the care plan had not been reviewed and updated to manage the risk.

Judgment: Substantially compliant

## Regulation 6: Health care

A review of a sample of residents' files found that residents' health care needs were regularly reviewed by their general practitioner (GP). Residents were referred to allied health care professionals including a physiotherapist, dietitian, and a speech and language therapist, as required.

Judgment: Compliant

## Regulation 8: Protection

The registered provider did not ensure that all appropriate and effective safeguarding measures were in place. The centre's own safeguarding policies and procedures were not consistently implemented, in relation to the completion of preliminary screenings, for two potential safeguarding concerns.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Residents moved freely within the centre, and they had a choice about how they spent their day.

Residents attended regular meetings and contributed to the organisation of the service. Resident feedback was used to improve the quality of the service they received. This included feedback in relation to the premises and activities.

There were facilities for residents to participate in a variety of activities, and residents were supported to participate in activities, in line with their interest and capabilities.

There was an independent advocacy service available to residents living 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Portumna Retirement Village OSV-0000378

Inspection ID: MON-0047131

Date of inspection: 03/06/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The ancillary building on site used as an office for Accounts/HR administration will be registered as part of the nursing home.</p> <p>The SOP will be amended to include the appropriate floor plans.</p> <p>All staff files will be reviewed to ensure that all required documentation is included and will be available for future inspection.</p> <p>.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An additional clinical risk assessment form will be introduced to ensure that any resident that has experienced a choking episode of any kind will be assessed and referrals made for SALT assessment.</p>	
Regulation 27: Infection control	Substantially Compliant



Outline how you are going to come into compliance with Regulation 27: Infection control:

Stricter control of the sluice room will be enforced and all non-appropriate items will not be stored there.

All shower chairs or shelving units that have any element of rust will be replaced and the appearance of same will be examined in regular audits.

New wash hand basins will be sourced. They will be collapsable and will be allocated to individual rooms and when not in use will be hung on the wall.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Oxygen cylinders stored at the nurses' station are secured in trolleys and designated as "in use." No additional oxygen cylinders other than those "in use" will be stored there.

All exit doors that require bespoke keys will have the keys available in break glass units in close proximity to the exit doors.

All emergency lighting and fire exit routes are subject to quarterly inspection. The two new lights identified as not working correctly will be attended to.

In consultation with the local fire chief, the PEEPs have been reviewed. We will continue to use the quick evacuation symbols on the bedroom doors but will add further information to the individual PEEP.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All care plans are reviewed and updated on a quarterly basis. To ensure that all information is added to care plan promptly, the incident/falls report will be amended to include a prompt for the nurse to immediately update the care plan with the most recent information.

The nurse team will be educated in the need for prompt updating of care plans and additional nurse time will be allocated to ensure that this can be done.

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  A new investigative screening tool has been introduced and its implementation will ensure that all information regarding any suspected incident will be collated in this single form and documented in the nursing notes.</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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/09/2025
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	31/08/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the	Substantially Compliant	Yellow	31/08/2025

	Authority are in place and are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/08/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/08/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/08/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/08/2025
Regulation 8(1)	The registered	Substantially	Yellow	31/08/2025

	provider shall take all reasonable measures to protect residents from abuse.	Compliant		
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