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:	Aras Chois Fharraige
Name of provider:	Aras Care Ltd
Address of centre:	Pairc, An Spidéal, Galway
Type of inspection:	Unannounced
Date of inspection:	15 May 2026
Centre ID:	OSV-0000382
Fieldwork ID:	MON-0048205

About the designated centre

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

Aras Chois Fharraige Nursing Home is a purpose built unit with views of the sea. The Centre is located in the Irish speaking Cois Fharraige area of the Connemara Gaeltacht. Accommodation is provided on two levels in 34 single rooms and four sharing rooms. Aras Chois Fharraige provides health and social care to 42 male or female residents aged 18 years and over. The staff team includes nurses, healthcare assistants and offers 24 hour nursing care. There is also access to allied health care professionals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41

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
Friday 15 May 2026	10:00hrs to 18:30hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

Residents living in Aras Chois Fharraige told the inspector that they were well-cared for by staff, and that they felt safe in the centre. Residents were complimentary in their feedback. They expressed satisfaction about the quality of care, the staff team and their overall experience of life in the centre, telling the inspector "I love it here", "I have no issues at all", "I give it five stars" and "I'm very happy here".

This was an unannounced inspection that was carried out over one day. On arrival to the centre, the inspector was greeted by the clinical nurse manager (CNM). Following an introductory meeting with the person in charge, the inspector completed a walk around the centre. There was a calm and welcoming atmosphere in the centre. Some residents were being assisted by staff as they got ready for the day ahead, while other residents were relaxing in the centre's various communal areas, particularly in the seating area in the reception.

Aras Chois Fharraige is a purpose-built nursing home located in a Gaeltacht area of Co. Galway. The nursing home can accommodate up to 42 residents in 34 single bedrooms and four twin bedrooms. Many residents accommodated in the nursing home were native Irish speakers. It was evident that the staff team promoted the Gaeltacht culture within the nursing home, by communicating with residents in their first language and by maintaining links with the local community.

Bedrooms were suitably furnished and well laid-out and there was adequate space for residents to store their personal belongings. Many residents had personalised their rooms with furniture, photographs and other ornaments. The centre was clean, tidy, and well-maintained. There was a choice of communal spaces available to residents, including a large sitting room that had views of the ocean. There was adequate space for residents to engage in recreational activities, rest, or meet with visitors.

Residents had unrestricted access to secure outdoor areas, including landscaped areas filled with bright and colourful flowers. A number of residents told the inspector that they particularly enjoyed spending time in this area, or viewing it from various areas of the building. A small farm was also located on the grounds of the nursing home, which contained goats, cockerels and ducks.

Residents spoke positively about the staff that provided care to them, saying that they were kind and attentive to their needs. They also confirmed that staff were respectful of their individual preferences and routines. One resident told the inspector "I love all of the staff here; they help me with everything".

An activities staff member supported residents with their social needs. Throughout the inspection, they were observed engaging with residents in communal areas and on a one-to-one basis in their bedrooms. While group activities such as exercises

and ball games were observed on the day of the inspection, a schedule with a wide variety of activities was displayed throughout the centre. Some of the activities in this schedule included mass, live music, pet therapy, flower arranging, pottery, gardening and baking. Larger events were also scheduled on a regular basis. These included outings across Galway and most recently, two 'Sing Along Social' sessions with an external group of performers. Many residents praised the activity programme, highlighting games such as cards and bingo, as well as sensory activities, past outings and afternoon tea.

Residents' dining experiences were observed to be social and relaxed occasions. Residents were offered a choice of meals, which were served promptly and were in line with their preferences and assessed needs. A variety of snacks and drinks were also served to residents throughout the day. Residents who required supervision or assistance during their meals were supported in a respectful and unhurried manner. A small number of residents were assessed as requiring modified diets. From speaking with staff, it was noted that while these residents received meals that met their assessed needs, these meals were not always presented in a manner that was appetising. This was highlighted to the person in charge.

There were no visiting restrictions in place, and visitors were observed coming and going to the centre throughout the day of the inspection.Visitors were seen to greet and chat to other nearby residents before visiting with their friend or loved one. The inspector spoke with a number of visitors who were very satisfied with the care provided to their relatives, describing the nursing home as "a comfort", "A1", and "a blessing". Visitors also highlighted the flexibility visiting arrangements, telling the inspector; "we can come and go as we please", "the staff are so welcoming", "I couldn't say enough good things about the home".

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 was a one day 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 inspector followed up on solicited and unsolicited information received by the Chief Inspector since the last inspection. Aspects of the unsolicited information received was substantiated on this inspection with regards to staffing and staff training, but the provider had already put plans in place to address any areas of improvement identified.

The registered provider of Aras Chois Fharraige is Aras Care Limited. This company had two directors, one of which represented the provider entity in communications

with the Chief Inspector. A new person in charge commenced in September 2025 and worked full-time in the centre. Two clinical nurse managers (CNMs) supported the person in charge, as well as a team of nurses, healthcare assistants, catering, housekeeping, activity and maintenance staff.

On the day of the inspection, there were 41 residents living in the centre. An established staff team was in place to provide care to the residents, and at least one registered nurse was on duty at all times. While this inspection found that the provider was compliant with the majority of the regulations reviewed, non-compliance was identified in relation to Regulation 23, Governance and management, and Regulation 5, Individual assessment and care planning.

This inspection found that the governance and management of the centre was not fully aligned with the requirements of the regulations. The registered provider had not ensured that there was a clearly defined management structure, identifying clear lines of authority and accountability. Additionally, while there was a nursing management structure in place, it was not fully aligned with the resources described in the centre's statement of purpose. The most recent statement of purpose submitted to the Chief Inspector in July 2025 stated that the registered provider employed one full-time assistant director of nursing (ADON) and one full-time CNM. On this inspection, the inspector found that the ADON role had been removed from the nursing management structure. While two CNMs were employed in the centre on a part-time basis, this resulted in a reduction of one full-time nurse manager position.

The inspector found that these changes had an impact on the effectiveness of the systems of oversight of the service. While the person in charge had overall responsibility for implementing these systems, the roles and responsibilities of the other members of the nurse management team were poorly allocated. For example, a review of a sample of care plans found that they were not fully aligned to the requirements of the regulations, and the system in place to ensure care plans were reviewed or updated when a resident's condition changed was not effective. The management team advised that the responsibility for updating individual care plans was not specifically assigned, and it was not clear what oversight arrangements were in place to ensure actions in relation to care plans were identified and addressed.

Management meetings took place on a regular basis, where key information relating to the service was discussed. A programme of audits was completed, which evaluated clinical and operational aspects of the service. These audits were used to inform action plans to address areas of improvement that were identified.

An annual review of the quality and safety of care delivered to residents in 2025 had been completed and was available for review.

On the day of the inspection, the staffing levels 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 day of the inspection.

There was a training programme in place for staff, which included mandatory training and training in other areas to support the provision of care. Training records confirmed that staff were facilitated to attend training in fire safety, manual handling procedures and safeguarding residents from abuse. Additional training was provided regularly, such as catheter care and cardiopulmonary resuscitation.

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.

There was a contract of care in place for all residents. The inspector reviewed a sample of these, which were found to outline the terms of their accommodation within the centre and the fees payable by residents, including any additional charges that may apply for services provided.

The centre had a complaints policy and procedure which described the process of raising a complaint or a concern. A record of complaints was maintained by the person in charge, which demonstrated that complaints were managed and resolved promptly. There was evidence that any areas of improvement were addressed to the satisfaction of the complainant.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. They were a registered nurse and had the required experience in nursing management and nursing of older people.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff with an appropriate skill mix on duty to meet the needs of residents, having regard to the size and layout of the centre.

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.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider did not fully ensure that the designated centre's management team was sufficiently resourced in accordance with the statement of purpose. Additionally, the provider did not ensure that there was a clearly defined nursing management structure which outlined specific roles and responsibilities. This inspection also found that the oversight of nursing documentation was not assigned to a member of the management team, resulting in ineffective oversight of this documentation.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of the contracts for the provision of service found that each resident had a contract of care in place which met the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints log found that complaints were managed and responded to, in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that residents were supported in a manner that promoted their safety and well-being, and enabled them to enjoy a good quality of life. However,

this inspection found that arrangements regarding individual assessment and care planning did not align fully with the requirements of the regulations.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre. Residents' care plans and daily nursing notes were recorded through an electronic record system. All residents had an assessment of need and care plan in place. A sample of residents' assessments and care plans was reviewed. The care plans reviewed were not always informed by a comprehensive or accurate assessment of their care needs. Additionally, a number of care plans did not contain up-to-date or reliable information that reflected residents' actual care needs. For example, relating to the nutritional needs of a resident.

Residents had access to medical assessments and treatment through their General Practitioner (GP). Arrangements were in place for residents to access the expertise of health and social care professionals, including physiotherapy, psychiatry of later life and palliative care. While the majority of residents were referred to allied health professionals when required, a small number of care records had not been updated to demonstrate that these referrals and reviews had occurred, or to incorporate any recommendations regarding their care.

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. A register of restrictive practices in place were maintained, and the practices were reviewed regularly to ensure they were effective, appropriate and safe.

Measures were in place to safeguard residents from abuse. A centre-specific policy was in place, guiding staff in the prevention, detection and response to abuse. Staff had access to training to support in recognising and responding to allegations of abuse.

Residents' rights were protected and promoted, and their individual choices and preferences were respected by staff. Voting in a local bye-election was being facilitated in the centre the day after the inspection. Residents were supported to voice their feedback on the quality of the service. Resident meetings occurred every four months, and any feedback in relation to the quality of the service was responded to by the management team. Residents were had access to independent advocacy services, as needed.

Residents were provided with access to adequate quantities of food and drinks, and meals were prepared, cooked and served in the centre. The inspector observed that residents were offered choice at mealtimes and the food provided was wholesome and nutritious.

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 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents, including those on a modified diet. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents' assessment and care plans found that they were not in line with the requirements of the regulations. For example;

- Residents with wounds did not always have a comprehensive assessment of their needs completed and therefore, it could not be ensure that the subsequent care plans developed accurately outlined the interventions in relation to the care of these wounds
- Some residents' care plans were not reviewed or updated when a resident's condition changed. For example, the care plan of a resident who was assessed as having lost weight, did not reflect the assessed needs of the resident in relation to nutritional care, did not evidence a dietetic referral or review and did not accurately identify interventions in place to support the resident.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. A referral system was in place for residents to access health and social care professionals such as physiotherapists and dietitians.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The implementation of restrictive practices was informed by risk assessments, which were reviewed regularly.

There were systems in place to ensure that staff were appropriately skilled to support residents with responsive behaviours.

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 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.

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

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 14: Persons in charge	Compliant
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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aras Chois Fharraige OSV-0000382

Inspection ID: MON-0048205

Date of inspection: 15/05/2026

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: The nursing management structure has been reviewed to ensure clear lines of authority, accountability and responsibility. Two experienced senior nurses have been promoted to Clinical Nurse Manager positions. The Person in Charge is supported by Clinical Nurse Managers, with clearly defined roles and responsibilities allocated across areas of care provision. Responsibility for oversight of care planning, nursing documentation, clinical audits and quality improvement has been clearly assigned within the management team. Protected time will be allocated across the CNMs to undertake duties delegated to them by the Person in Charge, with this time clearly identified on the work allocation. The effectiveness of the management structure will continue to be monitored through regular governance meetings, audits and review of identified actions. Residents have been allocated named nurses to ensure accountability for maintaining accurate and up-to-date assessments and care plans.	
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:	

A review of residents' assessments and care plans has been completed to ensure they accurately reflect residents' current needs.
Residents with wounds have had their assessments and care plans reviewed to ensure their needs, required interventions and any changes to treatment regime and rationale for changes is documented.
Care plans are reviewed and updated following changes in residents' conditions and following recommendations from healthcare professionals, including dietitian reviews.
Processes have been strengthened to ensure reviews and recommendations are clearly recorded within residents' care documentation.
Named nurses have been allocated responsibility for maintaining residents' care plans, with oversight provided by PIC through regular audits to ensure compliance with regulatory requirements.

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)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	23/07/2026
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	23/07/2026
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health	Substantially Compliant	Yellow	16/05/2026

	care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
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	22/05/2026