



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

## Issued by the Chief Inspector

|                            |                                 |
|----------------------------|---------------------------------|
| Name of designated centre: | Brooklodge Nursing Home Limited |
| Name of provider:          | Brooklodge Nursing Home Limited |
| Address of centre:         | Ballyglunin, Tuam,<br>Galway    |
| Type of inspection:        | Unannounced                     |
| Date of inspection:        | 19 May 2026                     |
| Centre ID:                 | OSV-0005164                     |
| Fieldwork ID:              | MON-0050536                     |

## About the designated centre

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

Brooklodge Nursing Home is a single storey purpose built premises located in a rural area in County Galway. According to the statement of purpose, the nursing home caters for residents who need long term care, respite care, post operative convalescent care, general medical convalescent care, palliative care, residents with dementia, intellectual and physical disabilities. The centre can accommodate a maximum of 45 residents. It is a mixed gender facility, catering for dependent persons aged 18 years and over. Accommodation is provided in 17 single bedrooms and 14 twin bedrooms, each with an en suite shower, toilet and wash-hand basin. The staff team includes nurses and health care assistants and offers 24 hour nursing care. There is also access to a range of allied health care professionals.

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

|                                                |    |
|------------------------------------------------|----|
| Number of residents on the date of inspection: | 44 |
|------------------------------------------------|----|

## 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 19 May 2026 | 10:00hrs to 16:45hrs | Rachel Seoighthe  | Lead    |
| Tuesday 19 May 2026 | 10:00hrs to 16:45hrs | Catherine Sweeney | Support |

## What residents told us and what inspectors observed

Overall, inspectors found that residents were content living in the designated centre and comfortable in the company of staff. There was a relaxed atmosphere in the centre and residents were very complimentary of the service provided.

Inspectors arrived unannounced to the centre. Following an introductory meeting with the nurse in charge, inspectors walked through the centre, giving an opportunity to meet with residents and staff. The person in charge facilitated the remainder of the inspection.

Located in Ballyglunin, Co. Galway, Brooklodge Nursing Home is a purpose built single-storey facility which was registered to provide care to a maximum of 45 residents. There were 44 residents living in the centre on the day of the inspection.

The entrance to the centre opened directly into the main reception, which contained several sitting areas for resident use. An enclosed courtyard garden was visible from this area of the centre. Resident private and communal accommodation areas were located along corridors on either side of the reception area. Inspectors spent time walking through the centre, where they met with residents and staff.

Resident bedroom accommodation was arranged in 17 single and 14 twin bedrooms, each with en suite shower facilities. Inspectors noted that many resident bedrooms were personalised with items of significance such as photographs, ornaments, soft furnishings and artwork. Residents had access to televisions and call bells in their bedrooms. Resident communal rooms consisted of a dining room, chapel, an activity room and designated smoking room. Overall, inspectors found that the centre was clean and provided a homely environment for residents. Inspectors noted that floor coverings in some resident accommodation was worn and damaged.

In the morning, many residents were observed relaxing in the main communal sitting room, where they were seen to enjoy an art activity. Some residents were observed resting in bed and inspectors spoke with several residents who were spending time independently, in their bedrooms. Residents who spoke with inspectors gave positive feedback about the service, and expressed satisfaction with the standard of care provided. It was evident that the management team were well-known to residents. In conversation with one resident, they described being supported to address an issue that they had raised, and they told inspectors that they could approach the person in charge, if they had any concern, or problem to be solved. Residents told inspectors that there were also opportunities to meet with the management team at resident meetings.

Residents told inspectors that they had choice about how to spend their day. There was a programme of activities in the centre which included art, music and outings to a local pub. Inspectors were informed that several residents were

facilitated to attend a day centre in the community. Information for residents was displayed throughout the centre, and inspectors viewed posters about on-site and local activities.

Friends and families were facilitated to visit residents, and inspectors observed visitors being welcomed to the centre during the inspection. There was sufficient space for residents to meet with visitors in private.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced risk inspection conducted by inspectors 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). Inspectors also reviewed unsolicited information received by the office of the Chief Inspector. This information was not substantiated on this inspection.

The findings of this inspection were that the provider had an established management structure who were committed to the provision of a good quality service. However, the inspection found that the care environment was not fully aligned with to the requirements of the regulations. In particular, the governance and oversight of fire precautions impacted on the quality and safety of care provided to residents. Furthermore, premises, records, and governance and management did not achieve full compliance with the regulations.

This inspection found that management oversight of fire precautions was not sufficiently robust to ensure that fire safety risks were recognised as such, and managed effectively. Deficits in relation to the centres' fire drill response times had been identified, but no mitigating action had been taken. Risks associated with fire compartmentation had not been identified.

An urgent compliance plan was requested to provide assurances that:

- there was effective compartmentation in the centre, to contain fires and to allow for the phased horizontal evacuation of the centre, if required.
- there were adequate arrangements in place for ensuring that the staff working in the centre are aware of the procedure to follow in the case of a fire emergency, and, that all residents could be safely evacuated in a timely and safe manner, in the event of a fire in the centre, in particular with the staffing resources on night-duty.

Brooklodge Nursing Home Limited was the registered provider for Brooklodge Nursing Home. The person in charge worked full-time in the centre and they were supported in their role by an assistant director of nursing. A team of nurses, care staff, activities staff, catering, house-keeping, laundry, administration, and maintenance staff made up the staffing complement. There were deputising arrangements in place in the absence of the person in charge.

On the day of the inspection, the number and skill mix of staff was appropriate, with regard to the needs of the residents living in the designated centre. Communal rooms were seen to be supervised at all times and residents were observed receiving support in a timely manner. There were a minimum of two registered nurses on duty each day.

Record management systems consisted of both a paper-based and electronic system. Some records, required to be maintained in respect of Schedule 2, 3 and 4 of the regulations, were not appropriately maintained. For example, staff rosters were not maintained in line with the requirements of Schedule 4(9), and were not reflective of the actual roster worked by some management personnel. This is detailed under Regulation 21: Records.

An electronic record of all accidents and incidents involving residents that occurred in the centre was maintained. Records showed that notifications required to be submitted to the Chief Inspector were done in accordance with regulatory requirements.

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.

### Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the healthcare needs of the residents and the size and layout of the designated centre, on the day of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Training records reviewed by inspectors demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of residents.

Judgment: Compliant

### Regulation 21: Records

The registered provider did not maintain records as required under Schedule 2 and 3 of the regulations. For example:

- Staff rosters were not maintained in line with the requirements of Schedule 4(9), and were not reflective of the actual roster worked by some management personnel.
- Records of the nursing care provided to residents were not accurately or appropriately maintained in line with the requirements of Schedule 3(4)(b). For example, some daily progress records did not provide staff with a comprehensive overview of the resident's day spent. A sample of records viewed by inspectors indicated that daily entries were copied and duplicated.

Judgment: Substantially 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:

Fire safety management systems were not fully effective.

- Records showed that fire drills completed were based on the simulated evacuation of one resident only.
- Drill times were excessive and no actions was taken to reduce the drill time down towards a safer evacuation time.
- Risks in relation to ineffective fire compartmentation had not been identified and mitigated.

There was inadequate oversight of record management, resulting in incomplete nursing records and an inaccurate roster.

Judgment: Not compliant

### Regulation 34: Complaints procedure

There was an up-to-date policy in place for the management of complaints. Records demonstrated that complaints documented within the centre's complaint log were managed in line with the requirements of the regulation.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

A review of policies reviewed found that some policies, such as risk management, had not been updated in line with best practice, or with changes to the regulations.

Judgment: Substantially compliant

#### Quality and safety

The findings on the day of inspection were that the provider was delivering good quality clinical care to residents, in line with their assessed needs. Residents had good access to health care services, including general practitioners (GP), dietitian, speech and language, physiotherapy and tissue viability services. Residents spoke highly of the quality of the service provided. There was a person-centred approach to care, and residents' well-being was promoted, with opportunities for social engagement and meaningful activities. However, risks were identified in relation to the care environment which impacted on the safety of resident care. Fire precautions and premises did not align fully with the requirements of the regulations.

In the absence of satisfactory assurances regarding fire compartmentation and residents' safe evacuation in the event of a fire emergency, the provider was asked to submit an urgent compliance plan by 22 May 2026.

A review of fire precautions found that, while the provider had taken some action to improve fire safety in the centre, fire safety management was not fully effective. The building was sub-divided into four fire compartments, the largest of which accommodated up to 22 residents. As a result. There was potential for the rapid spread of fire and smoke to spread in the event of a fire emergency. This may impact on the effective evacuation of residents and develop in large spaces when moving residents from the source of the fire to an adjoining perceived safe area. Inspectors were informed that fire compartments were divided into smaller sub-compartments. However, the full extent of sub-compartment boundaries was not clear. Furthermore, there was no evidence of completion of a full evacuation drill of the largest compartment using the lowest staffing numbers rostered at night time, or using day time staffing levels. Records demonstrated that fire drills completed

were based on the simulated evacuation of one resident only. Fire drill records also showed that the management team had identified that the drill times for the evacuation of one resident were not adequate, however, there were no recommendations made, to reduce the drill time down towards a safe evacuation time.

The design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be homely, well-lit and warm. Residents' bedroom accommodation was individually personalised. A programme of maintenance work was ongoing. However, some areas did not align with the requirements of Regulation 17: Premises. For example, floor covering was damaged in some resident bedrooms. This was a repeated finding from a previous inspection.

Inspectors reviewed a sample of residents' care records. A pre-admission assessment was carried out by the person in charge to ensure the centre could meet the residents' needs. Records showed that nursing staff used validated tools to carry out assessments of residents' needs upon admission to the centre. These assessments included the risk of falls, malnutrition, assessment of cognition, and dependency levels. The outcomes of these assessments were used to develop an individualised care plan for each resident, which generally addressed their individual health and social care needs.

Residents were supported to attend a general practitioner (GP) from the local practice and out of hours GP services were available when required. Residents had good access to physiotherapy, occupational therapy, dieticians, tissue viability nursing, palliative care input and speech and language therapy, where required.

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. The provider did not act as a pension agent for any residents

### Regulation 17: Premises

The designated centre did not conform to the matters set out in Schedule 6 of the regulations. Floor surfaces in some resident bedrooms were damaged and poorly maintained.

This was a repeated finding.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The arrangements in place to ensure the containment of fire and smoke in the event of an emergency was not adequate:

- Floor plans viewed by inspectors showed that the building was sub-divided into four fire compartments, the largest of which accommodated up to 22 residents. Inspectors were informed that fire compartments were divided into smaller sub-compartments. However, the full extent of sub-compartmentation was not clear.

There were inadequate arrangements in place for ensuring that the staff working in the centre are aware of the procedure to follow in the case of a fire emergency and that all residents could be safely evacuated in a timely and safe manner in the event of a fire in the centre. This was evidenced by:

- A full evacuation drill of the largest compartment using the lowest staffing numbers had not been completed. Records showed that fire drills completed were based on the simulated evacuation of one resident only, and drill times were not adequate. Furthermore, there were no recommendations made regarding measures to be introduced, in order to reduce the drill time down towards a safe evacuation time.

An urgent compliance plan was requested to provide assurances that there were adequate arrangements for containing fire, and that staff working at the designated centre were aware of the procedure to be followed in the case of fire.

The submitted urgent compliance plan was not accepted by the Chief Inspector.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

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

Judgment: Compliant

### Regulation 6: Health care

Residents' health and well-being were promoted and residents had timely access to general practitioners (GP), specialist services and health and social care

professionals such as physiotherapy, dietitian and speech and language therapy, as required.

Judgment: Compliant

## Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. A safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. Safeguarding care plans were in place when required and detailed additional supportive measures in place to protect residents.

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          | Not compliant           |
| Regulation 34: Complaints procedure               | Compliant               |
| Regulation 4: Written policies and procedures     | Substantially compliant |
| <b>Quality and safety</b>                         |                         |
| Regulation 17: Premises                           | Substantially compliant |
| Regulation 28: Fire precautions                   | Not compliant           |
| Regulation 5: Individual assessment and care plan | Compliant               |
| Regulation 6: Health care                         | Compliant               |
| Regulation 8: Protection                          | Compliant               |

# Compliance Plan for Brooklodge Nursing Home Limited OSV-0005164

Inspection ID: MON-0050536

Date of inspection: 19/05/2026

## 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 21: Records                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records:<br>Going forward, Management will ensure that staff rosters are accurately maintained and any changes will be updated daily if required.<br>A nurses' meeting was held on 15 July regarding daily progress notes, advising that residents' progress notes provide a comprehensive overview of the resident's day spent in the nursing home and should not duplicate/copy entries.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |
| Regulation 23: Governance and management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Not Compliant           |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>Management has undertaken 2 evacuation drills of the largest sub-compartment and largest compartment under the supervision of a Fire evacuation training expert for all staff and will continue Evacuation drills weekly until fire works are completed to ensure that staff are aware of the procedure to be followed. ADON will conduct the fire drill, and DON will supervise the drill. Timing is recorded for each drill, and necessary actions to reduce time are implemented as advised by the fire evacuation training expert to ensure the safe, timely evacuation of residents. On completion of works, all compartments will be labelled and highlighted on the map. The fire risk register is maintained, with daily, weekly, and monthly checks carried out in order to minimise the risk associated with fire. Each week, different staff members participate in the drill so that all staff have adequate knowledge of evacuation procedures.<br>Fire drills will be conducted considering both lower and day staffing levels. |                         |

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| Regulation 4: Written policies and procedures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>All policies have been reviewed and updated to the current regulation in line with best practice.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |
| Regulation 17: Premises                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A review meeting was held with the contractor on 15th July to speed up the process of renewing damaged floor surfaces. Work has commenced.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         |
| Regulation 28: Fire precautions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Not Compliant           |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A compliance meeting was held on 8th of July, and a contract has been secured. The appointed contractor has commenced work to subdivide the existing attic compartments at the nursing home. It is planned to have all works completed within the next four weeks. On the satisfactory completion of these works, the engineer will issue a certificate of compliance with Building Regulations TGD B (Fire) and prepare an "as built" drawing of the fire-compartment arrangements at the centre, including a full specification of the materials used in achieving that compartmentation. This information will then be immediately shared with the case holder inspectorate. A full evacuation drill of the largest compartment using the lowest staffing number is completed and will continue weekly until work is completed. Through training, all the recommended measures to reduce drill times are in place. Records of training and recommendations are kept.</p> |                         |

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## 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 17(2)    | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow      | 31/08/2026               |
| 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      | 15/07/2026               |
| 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                                 | Not Compliant           | Orange      | 31/08/2026               |

|                     |                                                                                                                                                                                                                                                                                          |                         |        |            |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|------------|
|                     | effectively monitored.                                                                                                                                                                                                                                                                   |                         |        |            |
| 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. | Not Compliant           | Red    | 22/05/2026 |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.                                                                                                                                                                              | Not Compliant           | Red    | 22/05/2026 |
| Regulation 04(1)    | The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.                                                                                                                                                      | Substantially Compliant | Yellow | 15/07/2026 |