



**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:	Áras Mhic Dara Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Barrarderry, Carraroe, Galway
Type of inspection:	Unannounced
Date of inspection:	10 December 2025
Centre ID:	OSV-0000626
Fieldwork ID:	MON-0049118

About the designated centre

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

Aras Mhic Dara is a community nursing unit located 30km's from Galway city, in the Gealtacht town of Carraroe. Aras Mhic Dara provides residential services to the people of south Connemara. The centre provides accommodation for 38 residents. The centre has spacious living and dining accommodation. Aras Mhic Dara aims to provide high quality care based on best available practice. The ethos of the centre is to provide holistic care to residents ensuring treatment with respect, dignity and accorded the right to privacy in a friendly and homely environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 10 December 2025	10:10hrs to 15:00hrs	Una Fitzgerald	Lead
Wednesday 10 December 2025	10:10hrs to 15:00hrs	Sharon Kane	Support

What residents told us and what inspectors observed

On the day of inspection, the inspectors met with many residents and spoke with visitors to gain insight into their experience of living in Aras Mhic Dara. Overall, residents told the inspectors' that they felt safe in the centre, one resident stated "you couldn't find a better place to be" and another stated that "the staff are like family now". Visitors told the inspectors that they "couldn't imagine anyone wanting to make a complaint". There were 29 residents residing in the centre on the day of this unannounced inspection.

On the morning of the inspection inspectors were greeted by the nurse on duty. Inspectors walked around the centre to review the living environment and to meet residents and staff. Inspectors observed the centre to be clean and tidy and decorated for Christmas. Residents rooms were clean, well-presented and personalised, and some rooms were also observed to be decorated with Christmas decorations. One resident described enjoying helping to decorate the Christmas trees in the centre.

On the day of inspection, residents were observed relaxing in the day room, and taking part in activities, others were observed in their bedrooms. Staff interactions with residents were kind and respectful, and most of the communication was through the Irish language. An optician was on site providing eye tests to residents who required it and a general practitioner (GP) was observed attending the centre.

Inspectors observed that staff demonstrated good knowledge of the residents' preferences and routines, and their interactions with residents were courteous, kind and person-centred. There was an activities schedule in the centre that was varied and arranged by an activities coordinator. A local group organised fundraising activities in the community to provide funding to provide activities for residents living in the centre, such as arts and crafts. A video of a day time disco for residents was observed on the day of inspection and showed great participation and interactions between residents and staff. Staff and residents told inspectors of different activities happening in the centre. They explained that they recently had an Aifreann na Marbh (Remembrance Mass) in the centre for residents and family members who had passed away. Residents explained how a group of students from the local secondary school visited weekly and participated in activities with the residents as part of their transition year programme. Residents described being excited for the local school choir who would be attending the following week for a carol service. Cairde le Cheile is the centre's residents' forum. Inspectors observed their Cruinniú Abhcoideacht (advocacy meeting) minutes where they discuss issues in relation to the centre. For example, residents recently requested more music, and this was found to be facilitated by the provider. The centre recently held an open safeguarding day, facilitated by an external body, where residents shared what

safeguarding meant to them. Learnings from this day were shared as comments on posters in the lobby area of the centre.

Residents lunch time meal service was observed and found to be a pleasant experience. Meals served were well presented and there was a good choice of nutritious food available. Residents who required help were provided with assistance in a sensitive and discreet manner. Residents were complimentary about the food in the centre. Staff and residents were observed to chat together throughout the mealtime and all interactions were respectful. A choice of refreshments was available to residents throughout the day.

Visitors attending the centre throughout the inspection were observed to be welcomed by staff. Residents and visitors confirmed that flexible visiting arrangements were in place and that they were satisfied with such arrangements. Residents said that they could spend time with visitors in communal areas or in the privacy of their bedroom.

Capacity and capability

This was an unannounced inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). There were 29 residents accommodated in the centre on the day of the inspection and no vacancies.

There was an effective management structure in place with personnel who were responsible and accountable for delivery of high quality, person-centre care to residents, in line with the centres' statement of purpose. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. The management team were a visible presence in the centre and were well-known to the residents and staff. Within the centre, the person in charge was supported by an two clinical nurse managers, administration team, a team of nurses, and multi-task attendants and support staff. Teamwork was evident throughout the day.

The centre had established management systems in place to monitor information on adverse incidents involving residents, weight loss, nutrition, complaints, and other significant events. There was a schedule of audits that were completed by the clinical management team. This included audits of the quality of environmental hygiene, restrictive practices, clinical documentation, and medication management.

Risk management systems were underpinned by the centre's risk management policy. The policy detailed the systems in place to identify, record and manage risks that may impact on the safety and welfare of the residents. As part of the risk management systems, a risk register was maintained to record and categorise risks according to their level of risk and priority. Where risks to residents were identified,

controls were put in place to minimise the risk impacting on residents. For example, on the day of inspection maintenance was underway with the upgrade and replacement of fire doors that had been identified as in need of replacement.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame.

The inspectors reviewed a sample of staff files. The files contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. Each staff member completed an induction process on commencement of working in the centre and were supported by the allocation of working alongside an existing member of staff. There was a comprehensive training and development programme in place for all grades of staff. Staff demonstrated an appropriate awareness of their training with regard to fire safety procedures, and their role and responsibility in recognising and responding to allegations of abuse.

There were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of registered nurses and a team of multi-task assistants. Communal areas were appropriately supervised, and inspectors observed kind and person-centred interactions between staff and residents.

The person in charge held responsibility for the review and management of complaints. At the time of inspection all logged complaints had been resolved and closed.

Regulation 14: Persons in charge

The person in charge was a registered nurse and works full time in the designated centre. The person in charge was suitably qualified and experienced and met the requirements of Regulation 14. The person in charge was known to all residents spoken with. Residents told inspectors that the person in charge met with residents individually and in small groups and that their opinions were listened to.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of the current residents, taking into account the size and layout of the designated centre. A

review of the staffing rosters found that there were adequate numbers of suitably qualified staff available to support residents' assessed needs.

Judgment: Compliant

Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. On the day of inspection, staff were appropriately trained. Staff responses to questions asked were detailed and displayed a good level of knowledge.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance arrangements in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability. There were sufficient resources available and an effective monitoring system in place to ensure positive outcomes for residents living in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the process for making a complaint and the personnel involved in the management of complaints. A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

Judgment: Compliant

Quality and safety

Residents in this centre were observed to receive an appropriate standard of health and social care. The provider had systems in place to ensure the safety and wellbeing of residents. The residents living in the centre were observed to receive person-centred care. The residents' had choice in how they spent their day and told inspectors that they felt "well-minded and cared for".

A review of nursing care records found that residents' had a comprehensive assessment of their care needs completed before admission to the centre. On admission to the centre, residents' were comprehensively assessed using validated clinical assessment tools. These assessments informed the development of individualised care plans. Care plans reviewed on this inspection were found to be individualised and person-centred. The care plans were updated to reflect changes in residents care needs.

Residents were reviewed by a medical general practitioner (GP), as required or requested. There were arrangements in place to facilitate residents to access the expertise of health and social care professionals for further assessment. The recommendations of health and social care professionals were implemented to ensure the best outcomes for residents.

Residents who experienced responsive behaviours, such as those living with dementia, who were not able to verbalise issues of discomfort or illness, were observed to receive care and support that was in line with their individual needs. Care plans that outlined appropriate detail to guide staff, were developed for residents with responsive behaviours. All staff had completed training in the management of responsive behaviours.

Residents reported feeling safe in the centre. There was a safeguarding policy that outlined the measures in place to protect residents from the risk of abuse. Staff training with regard to safeguarding was up-to-date, and staff demonstrated knowledge of their roles in the safeguarding of residents and an awareness of the actions that should be taken in the event of alleged or confirmed abuse.

Residents' nutritional care needs were monitored. Residents' weights were monitored regularly, and staff were familiar with residents' nutritional needs and dietary requirements. There were appropriate referral pathways in place for the assessment of residents identified as being at risk of malnutrition.

Inspectors observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with inspectors confirmed that they were visited by

their families and friends. Visitors were openly welcomed in the centre and residents were happy with the arrangements in place.

The provider had made a residents guide available for the residents of the centre. Contained within the guide was information regarding the structure of the centre and the complaints process. The most recent HIQA inspection report was available to residents and visitors in the lobby area of the centre.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate supply of food and drink. A choice of meals was offered daily and residents dietary requirements and preferences were taken into account.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. There were arrangements in place to ensure that care plans were revised on a four monthly basis, or more frequently if required.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to a medical practitioner. In addition, residents had access to health and social care professional services, in line with their assessed needs.

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.

Judgment: Compliant

Regulation 9: Residents' rights

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. Residents had opportunities to participate in meaningful activities, in line with their interests and capacities. Residents were supported to access advocacy services as needed.

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	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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