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 Ronáin Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Manister, Kilronan, Inishmore, Aran Islands, Galway
Type of inspection:	Unannounced
Date of inspection:	28 April 2026
Centre ID:	OSV-0000628
Fieldwork ID:	MON-0049940

About the designated centre

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

Aras Ronain Community Nursing Unit is a designated centre on the Aran Islands providing care for male and female residents over the age of 18 years. Residents are accommodated in six single and two multi-occupancy (occupancy greater than two people) rooms. Appropriate communal sitting and dining space is available in the centre, as well as safe and suitable outdoor space. The centre is currently registered to accommodate 12 people, and each resident's dependency needs are regularly reviewed to ensure their care needs are met.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

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 28 April 2026	08:45hrs to 15:30hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

Residents living in Aras Ronain Community Nursing unit expressed a high level of satisfaction of their experience of life in this centre. Residents attributed this to the staff who knew their individual needs and preferences. Residents told the inspector that the staff showed interest in their wellbeing. Residents appeared at ease in the company of staff and management.

This unannounced inspection was completed over one day. The designated centre is a single-storey facility which is registered to provide accommodation for 12 residents. There were ten residents accommodated in the centre on the day of the inspection. On arrival to the centre, the residents were still in their bedrooms. Some were sleeping, while others were enjoying their breakfast.

The inspector completed a walk around the centre observing the care provided to residents, talking with residents and staff, and reviewing the residents' living environment. The premises had a welcoming feel. Communal doors leading to outdoor gardens were left open. In the main, the inspector observed that the centre was clean.

On-going maintenance was in place. Residents' bedroom accommodation consisted of single and double bedrooms. The centre was registered to have two, three bedded bedrooms. On the day of inspection, the treble rooms had been reconfigured to accommodate a maximum of two residents. The layout meant that the centre could no longer accommodate 12 residents. The refurbishment of these bedrooms meant that the residents had more personal space available to them. In addition to the bedroom upgrades the provider had renovated two communal bathrooms. This upgrade was completed to a high standard. In addition, a third resident communal bathroom had a new bath installed.

The inspector observed that a resident communal bathroom was temporarily assigned as a staff changing area. The inspector was informed that an internal Infection prevention and control (IPC) specialist had identified this risk and that plans were in progress to make alternative suitable arrangements to ensure staff had appropriate bathroom and changing facilities.

Call-bells were available in most areas and were observed to be answered in a timely manner. On the day of inspection, the inspector observed that one of the newly renovated communal bathrooms did not have a call bell and the door lock was not in working order.

Throughout the day, the inspector spent time observing staff and resident interactions in the various areas of the centre. The majority of residents were up and about, relaxing in the communal areas or mobilising freely through the centre. A small number of residents were observed enjoying quiet time in their bedrooms. The

inspector observed that communal areas were appropriately supervised and those residents who chose to remain in their bedrooms were supported by staff. While staff were busy assisting residents with their needs throughout the day, care delivery was observed to be unhurried and respectful. Friendly, familiar chats could be heard between residents and staff. Staff spoke to residents in English and Irish. It was evident that residents were supported by staff to spend the day as they wished. Staff who spoke with the inspector were knowledgeable about residents and their needs.

The centre provided residents with access to adequate quantities of food and drink. Residents had a choice of meals from a menu that was updated daily. One resident told the inspector that while there was a choice on offer, at any time they could change their choice, and this was never an issue. Snacks and refreshments were available throughout the day. Residents were complimentary about the quality of the food provided. There were adequate numbers of staff available to residents that required assistance.

The inspector spoke with a number of residents throughout the day. Residents were happy to chat, providing an insight into their life in the centre. Residents said that they were happy with life in the centre and that they felt safe and well-looked after. There were a number of residents who were unable to speak with the inspector and were therefore not able to give their views of the centre. However, these residents were observed to be comfortable in their environment. Staff included all residents in the exercise class that was held in the communal sitting room in the morning, and also supported the residents to partake in the game of bingo that was held in the afternoon.

There were information notices on display for resident information including the details of advocacy services, and guidance on how to make a complaint. Residents told the inspector that the centre was an intregal part of the community. Links with family, friends, neighbours and the wider community were maintained and that outings to local events helped them feel connected to their community.

In summary, residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents. 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 unannounced inspection was carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). The inspector

also followed up on a compliance plan submitted following an inspection in April 2025 in respect of action taken to come into compliance with regulation 28: Fire precautions.

Overall, this inspection found that the provider was compliant over most regulations reviewed, however, repeated non-compliance with issues relating to the fire safety management, and arrangements for safe evacuation of residents in the event of an emergency, had not been addressed. In addition, the provider had not ensured that staff had received appropriate training in all areas required by the regulations.

The Health Services Executive (HSE) is the registered provider of the centre. The person in charge worked in the centre on a full-time basis and was supported locally in their role by a team of nursing staff, multi-task attendants, maintenance and administration staff. This structure was found to be effective. Teamwork was evident throughout the day. Locally, the lines of accountability and responsibility were clear. Furthermore, residents were familiar with the local management team.

While the inspector found that lines of accountability within the centre were clear, equally, there was evidence that when the person in charge escalated known risk on fire to senior management the response was inadequate. The inspector reviewed multiple communications initiated by the person in charge requesting updates on known risk on the fire safety within the centre. The provider had failed to implement a compliance plan submitted to the Chief Inspector to address the known risk. This detail is outlined in the Quality and Safety section of the report.

The centre is registered to accommodate 12 residents in single, double and treble occupancy bedrooms. The registered provider had reduced the occupancy of two bedrooms. This had resulted in an overall reduction in bed capacity to ten. The inspector acknowledged that the change had enhanced the service provided to residents. However, the provider had not notified the Chief Inspector of this change, as is required under the registration regulations.

The staffing levels and skill mix were observed to be appropriate to meet the assessed health and social care needs of the residents. The team providing direct care to the residents consisted of one registered nurse on duty at all times and a team of multi-task attendants. The staffing rosters reflected the configuration of staff on duty each day. Communal areas were observed to be adequately supervised. Staff with whom the inspector spoke demonstrated a good understanding of their roles and responsibilities. Staff were observed working together as a team to ensure residents' needs were addressed and were observed to be interacting in a positive and supportive way with residents.

Records reviewed confirmed that training was provided through a combination of in person and online formats. Not all staff had completed role-specific training in safeguarding residents from abuse, manual handling, the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and fire safety. The detail is outlined under Regulation 16: Training and Staff development.

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

Regulation 15: Staffing

On the day of inspection, there were sufficient numbers of staff available, with the required skill mix, to meet the assessed needs of the residents in the designated centre,

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was not maintained to ensure care delivery was safe and effective:

- Staff had not received up-to-date training with respect to the management of behaviours that challenge. At the time of inspection, there were multiple residents with challenging, responsive behaviours living in the centre with complex care needs.
- Training in the management of complaints had not been provided to the persons responsible for the management of complaints, as required by the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had not ensured that the management systems in place to ensure the quality of the service was fully effectively. For example;

- staff management systems did not ensure that all staff had appropriate and up-to-date training commensurate to their role.
- the providers failure to complete fire safety works and the poor oversight of the fire safety management systems meant that the centre had a repeated finding of non-compliance under Regulation 28: Fire precautions. While local management completed a fire audit, the quality improvements identified to minimise the known risks in the unlikely event of a fire had not been acted upon. For example; the last audit identified the need for the staffing rosters to identify who had responsibly to take charge in the event of a fire in the centre. This had not been actioned.

- the system in place for the management of known risk. The risk register held in the centre did not identify the know fire risks. Therefore, there was no identified mitigation measures that could be implemented locally to minimise the risk.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. 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 were satisfied with the care provided in Aras Ronain Community unit and were highly complimentary about the support they received from staff. The inspector observed that residents' rights and choices were upheld. Staff were respectful and courteous with residents. Notwithstanding the positive findings, the provider had not taken adequate steps to address the findings of the last inspection in April 2025 specific to the fire safety resulting in a repeated non-compliance under Regulation 28: Fire precautions.

The provider had arrangements in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. The provider had made arrangements for an external provider to complete an assessment of the fire safety precautions in the centre, specifically the fire alarm and the emergency lighting. This assessment had been completed and the inspector was informed that the final report had not been received. Following the last inspection, the provider had committed to ensuring that emergency lighting would be installed along the resident bedroom corridor and to also ensure that the emergency exit for the bedroom corridor was easily accessible. The due date of completion was November 2025. On the day of inspection, this work was not completed. In addition, fire doors along the main corridor had significant gaps at the bottom which meant that there was a risk that in the event of a fire, smoke would not be contained and this increased the overall risk to resident safety.

While staff annual fire training had taken place, the inspector found that staff spoken with were unclear on what action to take in the event of the fire alarm being activated.

Nursing and care staff were knowledgeable regarding the care needs of the residents and this was reflected in the nursing documentation. The care plans reviewed were person-centred and contained the necessary information to guide care delivery. Residents had a comprehensive assessment of their needs completed prior to admission to the centre, to ensure the service could meet their health and social care needs. Validated clinical assessment tools were used to identify potential risks to residents such as poor mobility, impaired skin integrity, and the risk of malnutrition. The outcomes of assessments were used to develop a holistic care plan for each resident which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements.

Residents had access to medical assessments and treatment by their general practitioners. Arrangements were in place for residents to access the expertise of health and social care professionals when required. From the sample of files reviewed, it was clear that recommendations from health and social care professionals was implemented to improve residents' health and well being.

Residents who were assessed as being at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were known to the staff and appropriately documented. There were arrangements in place to ensure that residents who were assessed as being at risk of malnutrition were referred for further assessment by an appropriate health professional.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. Residents who experienced responsive behaviours had detailed, person-centered care plans in place. Interactions observed between staff and residents was observed to be person-centred and non-restrictive.

Residents reported that they felt safe living in the centre. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse.

Overall the premises were clean. On-going maintenance was in place. The inspector was informed that an internal Infection prevention and control (IPC) specialist had identified that staff did not have an appropriate changing area, and were using a communal bathroom and that plans were in progress to make alternative suitable arrangements to ensure staff had appropriate bathroom and changing facilities.

Residents' rights and wishes were promoted by the registered provider. Residents were supported to vote, to attend religious services and to access independent advocacy services if needed. Residents' choices, personal routines and privacy were respected by staff. Resident meetings were held and minutes were available. Items

of importance to residents were discussed. Resident relatives were also invited to the meetings.

Visiting was found to be unrestricted and residents could receive visitors.

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

The provider had not ensured that the centre was in full compliance with the requirements of Schedule 6 of the regulations. For example;

- Emergency call facilities was not accessible from every room used by residents
- Due to an insufficient area for staff changing, the current practice within the centre was that a resident bathroom had been temporarily assigned as a staff changing area. This bathroom was used by clinical and non-clinical staff, which was not in line with best practice and may increase the risk from infection prevention and control practices.
- The layout of the centre was not aligned with the centre's current statement of purpose.

Judgment: Not compliant

Regulation 18: Food and nutrition

A variety of nutritious meals were available to residents, which met their individual needs and preferences. Residents on modified diets were also offered a choice of meals on a daily basis. There were sufficient numbers of staff to assist residents at mealtimes. Residents had access to snacks and drinks throughout the day.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety procedures in the centre did not meet regulation requirements. The provider had failed to implement the last compliance plan response submitted to the Chief Inspector from the April 2025 inspection. This meant that there was repeated non-compliance. The arrangements in place for the safe evacuation of resident, and systems of fire containment were inadequate;

- the emergency lighting was not visible from within the resident bedroom corridor.
- the emergency fire exit at the end of the resident bedroom corridor remained difficult to access. There was a requirement to step out onto the outside path from the door.
- Fire drills lacked detail to provide assurances that staff could evacuate residents in a timely manner
- Inconsistent responses from staff on what procedure to follow on the sounding of the fire alarm
- Fire doors along the the main corridor when closed had significant gaps at the bottom which meant that there was a risk that in the event of a fire, smoke would not be contained and this was a risk to resident safety.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were observed to be person-centred, and updated at regular intervals. A review of a new residents records showed that a care plan had been implemented within 48hrs of admission.

Judgment: Compliant

Regulation 6: Health care

Residents had access to health and social care professional support to meet their needs. Residents general practitioner (GP) attended the centre three days every week as required or requested.

A referral system was in place for residents to access health and social care professionals such as dietitians, psychiatry of later life and end of life care services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was supported in the centre. Each resident had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and multidisciplinary team. The care plans were kept under review and updates when changes in the residents condition occurred.

Arrangements were in place to support residents who experienced responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Staff spoken with displayed good knowledge of the policy and systems in place to protect residents. Staff also identified if they had any concerns they knew who to report to in line with the policy. The 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.

The provider did not act as a pension agent for any residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities for resident's occupation and recreation, and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	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 Áras Ronáin Community Nursing Unit OSV-0000628

Inspection ID: MON-0049940

Date of inspection: 28/04/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training for staff that was identified as absent or not in date has been booked will be completed on or before 1-7-2026	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Training for staff that was identified as absent or not in date has been booked will be completed on or before 1-7-2026 • Tenders have been returned and are being assessed to complete the identified fire safety works on or before 31st October 2026 • Fire procedures and drills have been updated to reflect issues identified • The risk register has been updated.	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

• New call bell is being provided in the assisted bathroom
• A WC beside the staff changing area/lockers is now in use by staff instead of the assisted bathroom
• The Statement of Purpose has been updated to reflect the changes in the centre.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• Emergency lighting issue identified is being addressed as part of tenders that have been returned and are being assessed to complete the identified fire safety works on or before 31st October 2026
• The access to outside at the fire exit door, which has had some initial work completed, is being raised further and will be completed on or before 30th June 2026
• Fire drills have been reviewed and updated – Fire training is due for completion on or before 1st July 2026 with an emphasis to be placed on following correct procedures. Instructions adjacent to fire panels have been updated to assist with consistency of responses
• Contractor who services and certifies our fire doors has been asked to review the issue identified with gaps.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/07/2026
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/06/2026
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.	Not Compliant	Orange	30/06/2026

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 effectively monitored.	Substantially Compliant	Yellow	31/07/2026
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/10/2026
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/10/2026
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire	Not Compliant	Orange	31/07/2026

	control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/10/2026