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:	St Brendan's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Lake Road, Loughrea, Galway
Type of inspection:	Unannounced
Date of inspection:	04 August 2026
Centre ID:	OSV-0000633
Fieldwork ID:	MON-0051249

About the designated centre

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

St. Brendan's Community Nursing Unit is a purpose built residential care facility overlooking the lake in the town of Loughrea in County Galway. It provides twenty four hour nursing care for 100 people over the age of 18 years whose care needs range from low to maximum dependency. The building comprises four care areas. Sliabh Aughty and Crannogs on the upper floor and Knock Ash and Coorheen on the ground floor. Coorheen provides care for people with dementia. Each care area has 21 single rooms and two double rooms and all bedrooms have accessible en-suite toilet and bathroom facilities. There are two sitting/dining rooms in each care area. An additional quieter sitting room is located on the ground floor which has tea and coffee making facilities. The Four Seasons Room located on the ground floor is available for residents from each care suite to enjoy large group recreational activities and dining. There is a palliative care suite supported by the hospice home care team available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	84

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 4 August 2026	10:00hrs to 19:00hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

The inspector found that St Brendan's Community Nursing Unit was a well-run nursing home where residents' care needs were met to a high standard. The residents that spoke with the inspector praised the staff team and the centre's activity programme.

This was an unannounced inspection that was carried out over one day. On arrival at the centre, the inspector was greeted by both assistant directors of nursing. The inspector completed a walk around the centre, to observe the environment and meet with residents and staff. The premises was found to be visibly clean and tidy. At this time, many residents were seated in the day rooms of the individual units. Some residents were being assisted by staff in their bedrooms, as they got ready for the day ahead. Residents appeared to be content and relaxed as they engaged with one another or mobilised around the centre. Staff providing assistance to residents did so in a prompt and kind manner.

Additionally, a number of residents were spending time in the Avondale room, where a day care service for the region was also taking place. Residents confirmed that they enjoyed spending time in this room while the day service was operating, as it provided them with opportunities to meet with people from their respective communities, as well as engaging in additional activities.

St Brendan's Community Nursing Unit is a purpose-built designated centre located in Loughrea, County Galway. Residents were accommodated in four units located on the ground and first floors of the building, each of which contained 21 single bedrooms and two twin bedrooms. While each unit also contained a day/dining room and a smaller day room, a large dining room and a number of communal rooms were located on the ground floor of the centre. Residents were observed spending time in the various communal areas throughout the day of the inspection.

A varied programme of activities was available to residents, including games, arts and crafts, mass and exercise classes. Residents were also offered the opportunity to engage in activities on a one-to-one basis. Activities were facilitated by activity co-ordinators, as well as a number of external service providers. Staff were observed encouraging residents to engage in the activities provided, in line with their own capacities and capabilities. Residents provided positive feedback in relation to the activity programme, saying, "we have lots of choice" and "I always have something to do". Throughout the inspection, residents were observed enjoying a variety of activities such as baking, games and other activities.

Residents' dining experiences were observed to be social and relaxed occasions. Residents could choose to eat in the dining room of their respective unit, or in the large day/dining room known as the Four Seasons. The inspector observed that the food was well-presented and served promptly to residents, in line with their

preferences and assessed needs. Residents who required supervision or assistance during their meals were supported in a respectful and unhurried manner.

There were no visiting restrictions in place, and visitors were observed coming and going to the centre on the day of inspection. The inspector spoke with a number of visitors, who were highly complimentary of the care provided to their relatives.

Residents' bedrooms were clean, tidy and well-maintained. Bedrooms were personalised with residents' belongings such as photos, artwork, houseplants and ornaments. Residents told the inspector that they had sufficient storage for their clothes and personal possessions.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements that were in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered to residents.

Capacity and capability

This was a one day unannounced inspection, carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended). The inspector followed up on solicited information received by the Chief Inspector since the last inspection.

The findings of this inspection were that the provider had a well-established and effective management structure which ensured that good quality, person-centred care was provided to the residents of St Brendan's Community Nursing Unit. The centre had sufficient resources to effectively deliver this care to residents.

The registered provider is the Health Service Executive (HSE). There was a clearly defined management structure in place, both within the provider's organisational structure and the designated centre. A member of senior management represented the registered provider in communications with the Chief Inspector. Another member of management participated in the management of the centre and attended the centre to assist with facilitating the inspection.

The person in charge worked full-time in the centre. A team of assistant directors of nursing (ADONs) and clinical nurse managers (CNMs) supported the person in charge to supervise staff and to monitor the quality of the service. The remainder of the staff team comprised nurses, health care assistants, catering, housekeeping, activity, administrative and maintenance staff. The staff that spoke with the inspector were aware of the lines of authority and accountability within the organisational structure.

There were established management systems in place to monitor the quality and safety of the service provided to residents. Key aspects of the service that included resident assessments and care planning, restrictive practices, nutrition and resident falls were monitored and subject to frequent auditing to identify areas for continuous quality improvement.

Management team meetings took place regularly to discuss key elements of the quality and safety of the service. Meetings with various staff teams also occurred frequently to ensure that important information was communicated effectively. Records of these various meetings were maintained by the management team and were available for review.

While the majority of records relating to the assessment of residents' care needs were found to be well-maintained, the inspector reviewed a sample of care plans whereby the specialist health care interventions, such as those in relation to wound care and positive behavioural support were not clearly identified. This did not ensure that these care plans were fully accessible to staff.

On the day of the inspection, the staffing levels and skill mix were observed to be appropriate to meet the assessed health and social care needs of the residents accommodated in the centre. Rosters were available for review and reflected the configuration of staff on duty on the day of the inspection.

All staff were facilitated to attend training appropriate to their role, such as fire safety, moving and handling procedures, safeguarding of vulnerable people, and infection prevention and control. Additional training was also provided in areas such as dementia care and cardiopulmonary resuscitation (CPR). Staff who spoke with the inspector were knowledgeable regarding the training they had completed to date.

There were systems in place to ensure that all staff received appropriate levels of supervision and support. Newly recruited staff completed an induction programme, which included training and competency assessments.

The inspector reviewed a sample of staff files. These contained all of the information and documentation required by Schedule 2 of the regulations, including evidence of An Garda Síochána vetting disclosures and registration with the Nursing and Midwifery Board of Ireland (NMBI).

The centre had a complaints policy and procedure which described the process of raising a complaint or a concern. A record of complaints was maintained by the person in charge, which demonstrated that complaints were managed promptly and were comprehensively resolved. There was evidence that feedback from resident surveys were dealt with through the complaints process to ensure that any areas of improvement were appropriately addressed, to the satisfaction of the resident.

Regulation 15: Staffing

On the day of the inspection, the staffing levels and skill-mix were appropriate to meet the assessed needs of residents, in line with the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Training records demonstrated that all staff were up-to-date with training in moving and handling procedures, fire safety and the safeguarding of residents from abuse. Other training was completed by staff, as needed.

Staff were appropriately supervised to ensure that the care needs of residents were met, in line with their assessed needs.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents for the designated centre. This contained all the information required by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The centre's management systems effectively monitored the quality and safety of the service. The provider had established a clearly defined management structure that identified the lines of authority and accountability.

The centre was sufficiently resourced to ensure the delivery of care, in accordance with the centre's statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge had notified the Chief Inspector of any incident required by Schedule 4 of the regulations within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

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

Judgment: Compliant

Quality and safety

The inspector found that residents experienced a good quality of life in the centre, and that their well-being was promoted by staff. However, this inspection found that arrangements regarding care planning did not align fully with the requirements of the regulations. This is discussed under Regulation 5, Individual assessment and care plan.

An electronic nursing documentation system was in place. Residents' care and support needs were assessed using validated assessment tools that informed the development of care plans. Care plans viewed by the inspector were person-centred and reflected residents' assessed needs. These were reviewed and updated on a four-monthly basis, or more frequently, if required.

Residents had access to medical assessments and treatment through their General Practitioner (GP). Residents also had access to a range of health and social care professionals such as a physiotherapist, an occupational therapist, a dietitian and a speech and language therapist. Some of these services were available to residents on-site, as needed. Records evidenced that the recommendations of health and social care professionals were implemented and reviewed to ensure best outcomes for residents.

Residents were consulted with in relation to the operation of the centre. There were opportunities for the residents to provide feedback on the quality of the service, and there was evidence that any feedback was addressed promptly and to the satisfaction of residents.

Residents' civil, political and religious rights were promoted and respected by staff. It was evident that residents were supported to exercise choice in relation to how

they spent their day. A programme of activities was delivered by dedicated activities staff, with the support of the wider staff team. These activities were aligned to residents' interests and capabilities. Residents were extremely satisfied with the range of activities that were available to them.

Residents were supported to maintain links with their local community, including outings with families and friends, and visits to the local town.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received care and support, in line with their individual needs. A restraint-free environment was promoted in the centre. The provider had arrangements in place to monitor the use of restrictive practices. Restrictive practices were informed by an appropriate risk assessment and were only implemented when alternative measures were assessed as being unsuitable.

There were systems in place to protect residents from abuse. There was an up-to date policy and procedure in place in relation to safeguarding, which guided staff practice. Staff also completed regular training in the prevention, detection and response to abuse. There were systems in place to ensure that residents' pensions and social welfare payments were managed appropriately.

Regulation 11: Visits

There were flexible arrangements in place to support residents to receive visitors. Residents could meet with visitors in their bedroom, a dedicated visitors' room, or in communal areas.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents' care plans found that they were not in line with the requirements of the regulations. Some residents' care plans did not accurately reflect the needs of the residents and did not identify interventions in place to support residents, for example, a resident with a pressure-related injury to their skin, or a resident exhibiting responsive behaviours. Consequently, it could not be assured that staff had accurate information to guide the care to be provided to the residents.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care services to meet their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were systems in place to ensure that staff were appropriately skilled to support residents with responsive behaviours. Residents who experienced responsive behaviours had appropriate assessments completed, which informed the developed of person-centred care plans.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected by staff. There were arrangements in place to ensure that residents' 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, if they wished to do so.

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	Compliant
Regulation 19: Directory of residents	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 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Brendan's Community Nursing Unit OSV-0000633

Inspection ID: MON-0051249

Date of inspection: 04/08/2026

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 5: Individual assessment and care plan	Substantially Compliant

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

A comprehensive care plan will be developed for all new admission to the CNU within 48 hours of admission. The care plan is completed by nurse on duty and reviewed by clinical nurse manager.

Care plan audit is reviewed and is updated to ensure to reflect the residents' needs. Responsible person- CNM 11 and staff nurses. ADON and DON review the audits findings and action plans.

Protective time is allocated for staff nurses to complete Care plans, responsible person is CNM11.

Monthly Audit Schedule in place to monitor quality, accuracy and effectiveness of care plans. Responsible person CNM11 of each care area.
Audit findings are reviewed monthly by ADON and DON to ensure action plans are implemented to ensure compliance with Regulation 5

All identified gaps identified in the audits will be addressed, and care plans will be updated to ensure they are individualized, person-centered and contain clear guidance for staff on meeting the residents' needs. Responsible person Staff Nurses.

Residents and their nominated residents where appropriate will be consulted and actively involved in the care planning process. Responsible person Staff Nurses
Nursing staff will receive additional education on comprehensive assessment, care planning and documentation requirements. Further training sessions are planned for December 2026.

All MDT reviews, TVN, Dietician, SLTs recommendations are updated in the care plan overseen by Clinical Nurse manager. Responsible person CNM 11.

Audit findings are discussed at weekly management meetings and ward meetings. CNMs and ADONS.

Audit findings discussed at handover and documented safety pauses on each care area by CNM11 and lead nurses.

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 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	15/11/2026