



**Health  
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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:	Central Park Nursing Home
Name of provider:	AllanBay Limited
Address of centre:	Clonberne, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	20 August 2025
Centre ID:	OSV-0000328
Fieldwork ID:	MON-0045968

## About the designated centre

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

Central Park nursing home is a purpose-built single-storey building with accommodates 70 residents and includes a specific dementia unit known as Memory lane that accommodates 23 residents. The centre is located a rural area in the village of Clonberne in county Galway. The centre accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters predominantly for older persons who require general nursing care, dementia care, end of life care, palliative care, respite and convalescent care. Bedroom accommodation is provided in 41 single ensuite bedrooms, seven twin ensuite bedrooms, and seven twin bedrooms and one single bedroom without ensuite facilities. There is a variety of communal day spaces provided including several dining areas, day rooms, oratory, visitors' rooms, large seated reception area and seated areas on corridors. Residents also have access to two secure enclosed garden areas.

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

Number of residents on the date of inspection:	68
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## 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
Wednesday 20 August 2025	10:00hrs to 18:30hrs	Leanne Crowe	Lead

## What residents told us and what inspectors observed

From the inspector's observations and from speaking with residents and visitors, it was evident that residents in Central Park Nursing Home received person-centred care from staff, and were supported to enjoy a good quality of life.

The nursing home is a single-storey building that can accommodate up to 70 residents in 42 single bedrooms and 14 twin bedrooms, the majority of which contain ensuite facilities. Communal shower rooms, toilets and a bathroom were located throughout the building. There were a number of communal areas available for residents' use, including an oratory and multiple sitting rooms and dining rooms. The grounds surrounding the nursing home were accessible from various parts of the building, and contained seating, shaded areas, flowers and shrubbery. A vegetable garden had been developed since the previous inspection, and residents were enjoying the process of growing seasonal vegetables. A hen house had also been built in this area and the activity co-ordinator told the inspector that residents often spent time observing the hens roaming around the grounds.

On arrival to the centre, the inspector met with the person in charge and the person representing the provider entity. Following an opening meeting, the inspector conducted a walk through the building, giving an opportunity to review the living environment, and to meet with residents and staff. Some residents were observed relaxing in communal areas and bedrooms, while others were receiving assistance from staff with their personal care needs. Staff were observed attending to residents in a friendly, yet attentive manner. Residents spoke positively about the staff that cared for them. They felt that staff knew and respected their personal preferences and routines.

The centre was warm and clean on the day of the inspection. Staff were on duty on a daily basis to carry out housekeeping duties and deep cleaning of areas took place frequently.

Residents' bedrooms were tidy and well-maintained. Each bedroom contained good-quality furniture and soft furnishings. Many residents had personalised their bedrooms with ornaments, photographs and other items. The inspector spoke with a number of residents, all of whom were satisfied with the layout of their bedroom and the storage available to them.

Activities were facilitated by an activity co-ordinator, as well as a number of external service providers. At the time of the inspection, staff were preparing to hold a 'Rose of Tralee' competition the following week, in which many residents throughout the centre would be competing. Staff had organised a beautician to attend the centre on the day, and a traditional music group would also be playing. Afternoon tea would be held afterwards, for all in attendance.

A schedule of activities was displayed prominently, which included religious services, games, live music, flower arranging, baking and dancing. Residents were observed engaging in a number of activities throughout the inspection, including arts and crafts. Residents enjoyed these activities and were adequately supported by staff to engage in them. The activity co-ordinator also carried out activities with residents on a one-to-one basis. The activity co-ordinator described a number of resident activities that had been arranged with support from the local community. This included musicians from the locality playing live music at the centre's monthly mass, visits by students from local secondary schools, primary schools and preschools, as well as a visit from a local women's football team following their provincial title win. Photos of residents enjoying these activities, as well as many more, were displayed throughout the centre. Regular outings were arranged, including a recent trip to Knock. A detailed newsletter was created and sent to families every six weeks, outlining the various activities and outings that residents had participated in.

Visitors attending the centre throughout the inspection were 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.

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

Overall, the findings of this inspection were that Central Park Nursing Home was a well-managed centre, where a good quality service was provided to residents.

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) Regulations 2013 (as amended). The inspector also followed up on solicited and unsolicited information received by the Chief Inspector since the last inspection.

The registered provider of Central Park Nursing Home is AllanBay Limited. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. A director of the company represented the provider entity and attended the centre regularly. The person in charge was supported by an assistant director of nursing (ADON), who deputised in their absence. The remaining staffing complement comprised a general manager, clinical nurse managers (CNMs) and a team of nurses, care staff, activities, catering, house-keeping, laundry, administration and maintenance personnel.

The management systems in place were well-established and effectively monitored the quality of care provided to residents. Governance meetings took place regularly,

where key information relating to the service was discussed. A programme of audits was completed by the management team, which evaluated clinical and operational aspects of the service. The results of these audits were used to inform the development of quality improvement plans, which were reviewed and updated as actions were completed.

An annual review of the quality and safety of care delivered to residents in 2024 had been completed. This contained an overview of key areas of the service and included a quality improvement plan for 2025.

There were sufficient numbers of staff on duty on the day of the inspection to meet the assessed needs of the residents. A number of residents were assessed as requiring one-to-one care, and there was evidence that staff were allocated appropriately to meet these requirements. Up-to-date rosters were available for review, which reflected the configuration of staff on duty.

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 (police) vetting disclosures and nursing registration with the Nursing and Midwifery Board of Ireland (NMBI).

Staff were facilitated to attend training that was appropriate to their role. This included fire safety, people moving and handling, safeguarding of vulnerable adults and infection prevention and control training. Other training was made available to staff, including dementia care and the management of restrictive practices. Staff who spoke with the inspector demonstrated an appropriate awareness of the training that they had received.

The inspector reviewed a sample of contracts for the provision of care and found that they met the requirements of the regulations. The contracts reviewed were signed by the resident or their representative. The contracts also included the terms of admission and fees to be charged for services provided.

### Regulation 15: Staffing

On the day of the inspection, the number and skill mix of staff was sufficient to meet the assessed needs of residents. At least one nurse was on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable

them to perform their respective roles. There were arrangements in place to ensure that staff were adequately supervised.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents in the centre was maintained and included all of the information required by Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had a current insurance policy in place.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The management team were aware of their individual lines of authority and accountability. There were sufficient resources available to ensure the delivery of care in accordance with the centre's statement of purpose. The systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. Each contract outlined the terms and conditions of the accommodation and the fees to be paid by the resident. All contracts had been signed by the resident and/or their representative.

Judgment: Compliant



## Quality and safety

Residents living in the centre received a good standard of person-centred care and support from an experienced staff team.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of comprehensive care plans, which were reviewed every four months or more frequently if required. The inspectors reviewed a sample of these care plans and found that they were person-centred and reflected the care needs of the residents.

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 (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. Care plans were developed for these residents, which outlined appropriate de-escalation strategies to guide staff. All staff had completed training in the management of responsive behaviours.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the use of restrictive practices in the centre, in line with local and national policy.

Residents reported that they felt safe living in the centre. Staff demonstrated an appropriate awareness of the centre's safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse.

Residents' rights were promoted in the centre. Activities were observed to be provided by dedicated activities staff, with the support of health care staff. Residents told the inspector that they were satisfied with the activities on offer.

There were opportunities for residents and their representatives to consult with management and staff regarding the operation of the service. Residents' meetings were convened regularly, and minutes of these meetings evidenced that feedback provided by residents was acted upon to improve their experience of the service.

Overall, the general environment, including residents' bedrooms, communal areas and toilets were visibly clean and well-maintained. A schedule of maintenance and refurbishment works was ongoing, ensuring the centre was consistently maintained

to a high standard. The provider had identified areas that needed upgrading in the centre and there was a plan in place to address this. For example, works had recently been completed in the visitors' room and a bathroom.

Residents' nutritional care needs were monitored. Residents' weights were monitored and staff were familiar with the level of assistance each resident required during meal-times. There were appropriate referral pathways in place for the assessment of residents identified as being at risk of malnutrition.

Visitors were openly welcomed in the centre, and residents were happy with the arrangements in place.

### Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. There was choice of meals available to residents from a varied menu that was on display and updated daily. The menu provided a range of choices to all residents, including those on a modified diet. On the day of the inspection, there were sufficient numbers of staff to assist residents at mealtimes.

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 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.

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

Judgment: Compliant

### Regulation 8: Protection

The registered provider had taken reasonable measures to protect residents from abuse. Staff had up-to-date training in relation to the prevention, detection and response to 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 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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