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:	Holy Family Nursing Home
Name of provider:	Holy Family Nursing Home Limited
Address of centre:	Magheramore, Killimor, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	10 December 2025
Centre ID:	OSV-0000349
Fieldwork ID:	MON-0049119

About the designated centre

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

The centre is located in a rural area near the village of Killimor near Ballinasloe in County Galway. It accommodates 70 residents requiring long-term care, or who have respite, convalescent or palliative care needs. The ethos of the centre is to provide a warm, welcoming, friendly and caring home, with a home from home atmosphere, where staff provide loving care and treat residents with dignity and respect making them feel valued.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	68

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 10 December 2025	09:30hrs to 18:30hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

Overall, the inspector observed that residents were well-supported and cared for by a staff team that were kind, caring and responsive to residents' needs.

Holy Family Nursing Home is a purpose-built, two-storey building, located in Killimor village in Co. Galway. The centre can accommodate up to 70 residents in single and twin bedrooms, many of which have ensuite facilities. On the day of the inspection, 68 residents were living in the centre.

This was an unannounced inspection that was carried out over one day. On arrival to the centre, the inspector was greeted by the person in charge. Following an introductory meeting, the inspector completed a walk around the centre. At this time, many residents were observed to be seated in the communal areas throughout the centre, while other residents were being assisted by staff with their morning care.

The inspector observed many person-centred interactions between staff and residents during the inspection. It was evident that staff knew the residents' individual needs and preferences. Staff were observed to knock before entering residents' bedrooms, and seek permission from residents before providing care. Residents who spoke with the inspector felt that there was adequate numbers of staff on duty, and that their needs were generally met in a timely manner.

On the day of the inspection, the centre was warm, comfortable and visibly clean throughout. The provider confirmed that the heating system was thermostatically controlled and divided into various zones throughout the building. The temperature could be adjusted within these zones, in response to residents' preferences or requirements. Residents' communal sitting and dining rooms were located across both floors of the centre, and were bright, spacious and well-decorated. Resident bedrooms were clean, suitably furnished and found to be personalised by the residents with photos and other meaningful possessions. Each bedroom had sufficient personal storage for residents' belongings, including a lockable drawer for the safekeeping of items.

Residents could receive visitors in the centre within communal areas, a visitors' room, or in the privacy of their bedrooms. Multiple families and friends were observed visiting their loved ones throughout the day of the inspection. Visitors who spoke with the inspector expressed their overall satisfaction with the quality of care provided to residents living in the centre, and with the communication between staff and families.

A varied programme of activities was available to residents, including arts and crafts and ball games. These took place as group sessions or on a one-to-one basis. There were activity staff assigned to ensure that residents were supported to engage in

activities of their choosing. On the afternoon of the inspection, a memorial mass was being held in the centre, which was attended by the residents, staff and people from the community.

Mealtimes were observed to be sociable and relaxed experiences, with residents having a choice to dine in a number of dining rooms or their bedrooms, according to their preferences. Food was freshly prepared and served to residents promptly. Residents confirmed that they enjoyed the meals, telling the inspector that they were "delicious" and "you get everything you want, and as much as you want". Staff were observed providing discreet and respectful assistance to several residents who required this support during meal times.

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

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 Holy Family Nursing Home. While the registered provider demonstrated that they were in compliance with most of the regulations reviewed, they were not fully compliant with the requirements of the regulations regarding the storage of residents' items and equipment.

This was a one day unannounced inspection carried out 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 solicited and unsolicited information received by the Chief Inspector since the last inspection. The unsolicited information was not substantiated on this inspection.

Holy Family Nursing Home Limited was the registered provider of this nursing home. There was a clearly defined management structure in place, with identified lines of authority and accountability. A company director participated in the management of the centre at a senior level. The person in charge worked full-time in the centre. They were supported by an operations manager, two clinical nurse managers (CNMs) and a team of nurses, health care assistants, catering, housekeeping, activity co-ordinators and maintenance staff.

There were systems in place to monitor the quality and safety of the service. A programme of clinical and operational audits was completed by the management team. These evaluated aspects of the service including end of life care, wound care, the physical environment, and infection prevention and control practices. The results of these audits were analysed and informed the development of quality

improvement plans, which were monitored to ensure all actions were completed in a timely manner. The provider also monitored quality of care indicators such as pressure ulcers, complaints and falls, to identify any trends or areas of improvement. These were discussed at management meetings, which took place on a regular basis.

There were sufficient numbers of staff on duty on the day of the inspection to meet the assessed needs of the residents, including those requiring enhanced supervision. Up-to-date rosters were available for review by the inspector. These reflected the configuration of staff on duty.

Staff were facilitated to complete mandatory training and additional professional development training, to ensure they were appropriately skilled to meet the residents' needs. For example, training in fire safety, infection, prevention and control, dementia care and falls management.

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 nursing 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.

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

All staff were up-to-date with training in moving and handling procedures, fire safety and the safeguarding of residents from abuse. A range of other training was available to staff to ensure their knowledge and skills were maintained or enhanced, as needed.

There were arrangements in place to ensure that staff were appropriately supervised, according to their individual roles.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in place which covered residents' belongings and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to ensure that the service was safe, consistent and appropriately monitored.

The provider had established a clearly defined management structure that identified the lines of authority and accountability. They had also ensured that sufficient resources were available to ensure the delivery of care, in accordance with the centre's statement of purpose.

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

Residents living in the centre received a good standard of care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents who spoke with the inspector were satisfied with the direct care provided to them.

The premises was designed and laid out to meet the needs of residents. Overall, the general environment, including residents' bedrooms, communal areas and toilets, was visibly clean. A schedule of maintenance works was ongoing, ensuring the centre was consistently maintained to a high standard. However, the inspector observed that the management of some stored items was not fully in compliance with the regulations. For example, incontinence wear and a small number of residents' toiletries were being stored on open shelving in several communal communal shower rooms and toilets.

Nursing and care staff were knowledgeable about the residents' individual care needs. Following admission to the centre, a range of validated clinical assessment tools were used to identify potential risks to residents, such as impaired skin integrity and poor mobility. These assessments were used to develop care plans for each resident. Care plans were reviewed every four months, or as changes occurred.

Residents had timely access to medical assessments and treatment by a number of General Practitioners (GPs) who attended the centre as needed. Residents were referred to, and supported to access, specialised services such as occupational therapy, physiotherapy and palliative care.

There was appropriate oversight and monitoring of the use of restrictive practices in the centre. The provider promoted a restraint-free environment in the centre, in line with local and national policy. Where restrictive practices had been implemented, records demonstrated that these had been informed by appropriate risk assessments.

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. Behavioural support care plans were developed for these residents, detailing potential triggers of behaviours and containing recommended de-escalation strategies.

The systems in place to ensure that residents were safeguarded were appropriate. A safeguarding policy was in place, and staff had up-to-date safeguarding training to ensure they were aware of how to recognise and respond to any allegations or concerns regarding abuse.

The ethos of care in the centre was person-centred. Residents' rights and choices were respected and upheld, and their independence was promoted. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice in their daily lives and routines.

Residents had access to advocacy services, as needed. There were opportunities for the residents to meet with the management team and provide feedback on the quality of the service, for example, through regular residents' meetings and the distribution of surveys to residents and relatives. A review of a sample of the surveys completed in 2025 demonstrated that the majority of respondents were

satisfied with the quality of the service. There was evidence that any areas highlighted as requiring improvement informed the development of action plans.

Regulation 11: Visits

The registered provider had suitable arrangements in place for residents to receive visitors. There was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

There were arrangements in place to ensure that residents had adequate space to store their belongings. Residents' clothing was laundered in the centre and the laundry facilities were appropriate to meet the needs of residents.

Judgment: Compliant

Regulation 17: Premises

There was a lack of suitable storage in the designated centre. Items and equipment used for resident care were observed to be stored inappropriately. Opened toiletries and incontinence wear were being stored in communal toilets and shower rooms.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed within 48 hours of admission to the centre, and regularly thereafter. The assessments were used to inform the development of care plans, which reflected the residents' respective needs. Care plans were reviewed every four months, or more frequently if required.

Judgment: Compliant

Regulation 6: Health care

Residents had access to health and social care professional support to meet their needs. Residents had a choice of GP who attended the centre as required or requested.

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

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.

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

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 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 acted as a pension agent for a number of residents living in the centre. There were systems in place to ensure residents' finances were appropriately managed.

Judgment: Compliant

Regulation 9: Residents' rights

Staff supported residents to exercise their rights and choice. Residents' choices and preferences were respected and facilitated in the centre. Residents had facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents reported that they enjoyed the activities programme. Residents' civil, political and religious rights were promoted in the centre. The provider ensured that residents were supported to exercise choice in relation to their care and daily routines.
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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially 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 Holy Family Nursing Home OSV-0000349

Inspection ID: MON-0049119

Date of inspection: 10/12/2025

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 17: Premises	Substantially Compliant

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

The Person in Charge (PIC) has informed all staff that opened toiletries, incontinence wear, and personal items must not be stored in communal bathrooms at any time.
Supervisors on both day and night shifts will carry out regular checks of communal bathrooms, and a checklist has been introduced to monitor and measure ongoing compliance.
Designated storerooms located adjacent to the communal toilets on both floors are in use for the storage of incontinence wear, gloves, and personal hygiene products.
Staff have been instructed not to remove items from these storerooms for storage in communal bathrooms.
These procedures have been implemented and incorporated into the Infection Control Audit Tool.
In addition, the Open Shelving Unit in the communal toilets will be fitted with doors.

Action Plan will be completed: 30/03/2026

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/03/2026