



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Ballinasloe Care Centre
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Bridge Street, Ballinasloe, Galway
Type of inspection:	Short Notice Announced
Date of inspection:	21 October 2025
Centre ID:	OSV-0000361
Fieldwork ID:	MON-0048686

About the designated centre

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 21 October 2025	09:30hrs to 17:30hrs	Gordon Ellis	Lead

What residents told us and what inspectors observed

This was an unannounced one day short notice inspection to monitor compliance with the regulations and to inform decision making for an application to vary the registration. The inspector was met by the person in charge, who facilitated the inspection. This inspection included a focused review of fire precautions and premises.

Ballinasloe Care Centre is purpose-built, two-storey facility, located in the town of Ballinasloe, County Galway. The centre previously had the capacity to provide accommodation for 60 residents. However, due to the refurbishment work required, the occupancy of the centre was limited to 21 via a restricted condition on the registration to facilitate the refurbishment of the centre. A second condition was also attached to the registration, limiting occupancy to 21 until all required fire and premises works were completed.

On the day of the inspection, there were 18 residents accommodated in the centre on the ground floor only.

Following an introductory meeting, the person in charge accompanied the inspector on a walk around of the centre.

The inspector reviewed the first floor area subject to the application to vary the registration. This consisted of repair works to the roof and completion of fire safety works to the first floor of the centre. The provider had submitted an application to vary the layout of the 1st floor, which was vacant on the current inspection. The changes to the layout consisted of bedrooms 21, 22, 55 and 56 changed from single to twin rooms. Room 37, 38, 39 and 40 changed from single rooms to staff changing rooms and office space. An oratory was changed to a quiet room, bedroom 51 become an assisted shower room, a shower room become a store room and an accounts office become a treatment room.

The changes to the function of these rooms were to allow for the transfer of residents from the ground floor, to the first floor, so that works could commence on the ground floor for the final phase of the fire safety and refurbishment works.

From a fire precautions perspective, this area was furnished to a good standard. The key fire safety risks previously identified in the providers' fire safety risk assessment appeared to have been fully addressed on the first floor only. This was further confirmed from a review of the updated fire safety risk assessment.

Rooms were clean and fitted out with the required furniture. The required roof works to replace the roof tiles due to previous issues of water ingress had been

completed and there were no signs of water ingress. Overall the first floor premises was finished to a high standard with some minor defects

There were some actions required to meet the requirements of regulation 17: premises and Regulation 28: Fire Precautions, and this is discussed further in detail in this report.

The inspector walked around the remaining areas of the designated centre.

The fire alarm panel is located in the front reception area with a repeater panel located on the Harbour Suite level. The inspector noted it to be free from faults and was accompanied with fire evacuation floor plans that indicated compartments and fire exit routes. Evacuation equipment required to evacuate residents in the event of an emergency were fitted throughout the centre and in the protected staircases to facilitate vertical evacuation from the upper levels.

Service records for equipment and fire safety systems were readily available for review and were up to date. During the walk through of the centre, visually fire containment was to a good standard; there were some deficits to fire doors and inappropriate storage arrangements which are explored further under regulation 28: Fire Precautions.

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 the quality and safety of the service being delivered.

Capacity and capability

This was a short announced monitoring inspection 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) and to inform decision making for an application to vary the registration.

The Health Service Executive (HSE) was the previous registered provider of this designated centre in June 2024 following the cancellation of the registration of the previous provider. In April 2025 Mowlam Healthcare registered this designated centre from the Section 64 register and became the new registered provider. Significant works in relation to premises and fire were required.

The registered provider is Mowlam Healthcare Services unlimited company. The person in charge was supported by a team of assistant director of nursing (ADON) clinical nurse manager (CNM), Senior nurses, nurses, healthcare assistants, house manager, housekeeping, maintenance and laundry staff. There was a clear line of

accountability and responsibility throughout the nursing home team in line with the statement of purpose.

The day-to-day governance systems within the centre were of a good standard and effective systems underpinned a high standard of maintenance of fire safety systems. The provider had completed a significant amount of fire safety and refurbishment works to the premises on the first floor.

Fire safety works had been signed off by the providers' competent person. Legionella testing had been completed and was negative. Risk assessments were in place for the safety of the residents during the refurbishment and building works. Staff are up to date with training and drills and had appropriate knowledge. However, improvements were required in the review of storage arrangements, maintenance to some fire doors and the provision of emergency external evacuation routes.

The oversight of fire safety management and systems to identify fire safety risks were in the majority effective to ensure the safety of residents living in the centre. There was a fire safety management plan and emergency fire action plan in place. These were found to be comprehensive and informed robust fire safety management in the centre. Some improvements that the provider needs to make in relation to fire safety and premises in the centre are set out in the next section of this report.

Regulation 23: Governance and management

There was a clearly defined management structure in place with clear lines of authority and accountability. Notwithstanding a good standard of fire safety management and oversight, some improvements were required regarding storage arrangements, maintenance of external evacuation routes and the maintenance of fire doors.

Judgment: Substantially compliant

Quality and safety

Overall there was good oversight of fire safety risks and fire safety management, and staff were knowledgeable on the evacuation strategy in the centre, however improvements were required by the provider in relation to the storage arrangements in protected means of escape and maintenance of fire doors so they would perform as required to contain fire. Action was required by the provider in relation to

Regulation 17: Premises and Regulation 28; Fire Precautions. These are outlined in detail under the relevant regulations.

An immediate action was issued verbally to the provider on the day of the inspection. At the bottom of two protected staircases, inappropriate storage of building materials and items were observed that compromised the means of escape. The provider agreed to remove these items and gave assurances these would be promptly removed.

Personal emergency evacuation plans (PEEP) were in place for residents. The individual PEEPs contained pertinent information to inform the evacuation of the resident and included supervision requirements after evacuation.

The fire detection and alarm system, emergency lighting system and fire fighting equipment were serviced as required. The inspector reviewed the service records for general equipment and found that records were up-to-date.

The inspector followed up on a fire related incident in the centre that occurred in September 2025 from a residents who was smoking. A final report in regards to the fire investigation following this incident was requested at the time of this inspection and the provider assured the inspector it would be submitted once it had been finalised. From a review of the initial incident report, the inspector was assured measures had now been implemented to manage residents who wish to smoke in the future and the resident involved in the fire incident was now under supervision by a staff member when smoking.

Overall, the premises was designed and laid out to meet the needs of the residents. It was clean, tidy and well ventilated. External spaces were maintained. However, some of the external paths were in need of repair due to damage from previous construction works.

Regulation 17: Premises

Rooms were clean and fitted out with the required furniture. The required roof works to replace the roof tiles due to previous issues of water ingress had been completed and there were no signs of water ingress. Overall the first floor premises was finished to a high standard with some minor defects. These included the following:

- A cover for an en-suite sensor on the first floor was hanging down from a ceiling and required attention.
- Four rooms previously single occupancy rooms had been reconfigured in to twin rooms. The layout and space requirements were in line with S.I.293. However, there was a lack of storage provided for both residents to avail of.
- Some of the external paths were in need of repair due to damage from previous construction works.

- Inappropriate storage of building materials were observed at the bottom of two staircases.

Judgment: Substantially compliant

Regulation 28: Fire precautions

At the time of inspection, the registered provider had completed a significant amount of fire safety and refurbishment works in regards to the application to vary. The provider was making good progress in order for the transfer of residents to the first floor to allow works to continue to come into full compliance. Notwithstanding this, improvements were required to comply fully with of the requirements of some regulations.

Day-to-day arrangements in place in the centre required improvement to provide adequate precautions against the risk of fire. For example:

- At the bottom of two protected staircases, inappropriate storage of building materials and items were observed that compromised the means of escape. An immediate action was verbally issued on the day to the Provider to remove these items. The provider gave assurances these would be promptly removed.

The arrangements for the maintenance of the means of escape, the building fabric and the building services required improvement. For example:

- A bedroom door failed to close when tested due to becoming caught on the floor finish. This created a risk of a fire door not closing in the event of a fire event.
- An area in the centre was noted to have utility pipes or ducting that penetrated through the fire-rated floor (floor built in a way to provide a certain amount of fire resistance time), and this required appropriate fire sealing measures. For example, penetrations were noted through a floor in a communications room.
- Fire door surrounds to a nurse's station, a treatment room, a dayroom, a dining room and two protected staircases door surrounds were missing smoke seals. This created a risk for the passage of smoke and fire to travel.
- Some of the external evacuation paths were in need of repair due to damage caused by the construction works and heavy machinery. Paths were uneven, undulating and created a trip hazard for residents to use in the event of an external evacuation. The provider took this on board and provided assurances it would be addressed as a priority.

The displayed procedures to be followed in the event of a fire required a review by the provider.

- While fire evacuation floor plans were on display, fire action notices for staff and visitors to refer to in the event of an evacuation were missing. This created a risk of confusion for staff and visitors in the event of a fire.

Judgment: Substantially 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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Ballinasloe Care Centre OSV-0000361

Inspection ID: MON-0048686

Date of inspection: 21/10/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Person in Charge (PIC) will ensure that there is no inappropriate storage in the home and will monitor this as part of daily walkabout. • The PIC will ensure that all evacuation routes are kept clear of any items and will check this daily as part of daily walkabout in the home. • The PIC will ensure that all staff are aware that evacuation routes must always be kept free from clutter and will encourage all staff to be responsible for maintaining clear exit doors. • The PIC will ensure that any fault with the fire doors is reported promptly and escalated to facilities team immediately so that any necessary repairs are carried out. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The cover for en-suite sensor on first floor was repaired immediately following inspection. • The PIC has reviewed the available storage in newly configured rooms and there is a plan in place to provide additional storage space for each resident. • The external pathways emergency work has been completed. There is a plan in place to complete landscaping of gardens and pathways in phase two of planned works with an expected completion date by end of April 2026. 	

- The PIC will monitor storage of building materials as part of daily walkabout and will ensure there is no inappropriate storage of same.
- All items stored in stairwells were removed immediately on day of inspection and the PIC will ensure that stairwells remain free of any clutter/inappropriate storage.

Regulation 28: Fire precautions

Substantially Compliant

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

- On the day of inspection, the PIC removed all items inappropriately stored at bottom of two stairwells. The PIC will monitor stairwells as part of daily walkabouts.
- The PIC has escalated the issue of the bedroom door catching on flooring and there is a plan in place to repair/replace damaged flooring.
- The areas in the centre where utility pipes or ducting penetrated the fire-rated floor will be addressed by the building development team on site to ensure that appropriate fire sealing measures are in place.
- The PIC and Maintenance Person will audit fire door seals as part of daily walkabout and report any that require repair/replacement to the Facilities team. The fire door seals identified on the day of inspection have all been replaced.
- The external pathways emergency work has been completed.
- The PIC and Maintenance Person will review the fire procedures on display and update the Facilities Manager who arrange for them to be changed to reflect the current / accurate instruction.
- The PIC will review fire evacuation floor plans and action notices for staff / visitors to ensure they are accurate and provide the correct guidance for safe evacuation.

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	31/07/2026
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	31/03/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	30/04/2026

	suitable building services, and suitable bedding and furnishings.			
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.	Substantially Compliant	Yellow	31/03/2026
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/03/2026