



**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:	Mystical Rose Private Nursing Home
Name of provider:	Mystical Rose Limited
Address of centre:	Knockdoemore, Claregalway, Galway
Type of inspection:	Unannounced
Date of inspection:	07 January 2026
Centre ID:	OSV-0000367
Fieldwork ID:	MON-0049321

## About the designated centre

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

Mystical Rose Private Nursing Home can accommodate up to 54 residents. The centre accommodates both female and male residents over 18 years of age. The centre provides nursing care for persons with dementia, intellectual disability, respite and or convalescence and palliative care. The centre is a two-storey building with lift access. Resident accommodation is provided in single and double en-suite bedrooms. The objective of the centre is to ensure that all residents are treated with privacy, dignity, autonomy and respect at all times.

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

Number of residents on the date of inspection:	49
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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 7 January 2026	09:15hrs to 16:30hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

On the day of the inspection, the inspector found that residents living in this centre were well cared for and supported to live a good quality of life, by a dedicated team of staff who knew them well. There was a human rights, person-centred approach in place which ensured that residents were respected and at the heart of the service. Feedback from residents was that staff were very kind and respectful. In conversation, one resident told the inspector "I think the staff are excellent". Throughout the day the inspector observed that residents appeared at ease in the company of staff and management.

This unannounced inspection was carried out over one day. There were 49 residents accommodated in the centre on the day of the inspection and five vacancies. On arrival to the centre, the inspector spoke with multiple residents in the communal dining and sitting room. Residents were observed to be up and about in the various areas of the centre. Some residents were having breakfast in their rooms and in the communal areas, while others were having their care needs attended to by staff.

Mystical Rose Nursing Home is located outside the village of Claregalway, County Galway. It is a two storey, purpose built facility. Residents' living and bedroom areas were located on both floors, which were serviced by an accessible lift. There was a sufficient choice of suitable communal areas provided for residents to use, depending on their preference, including multiple sitting rooms and a dining room on each floor. Many areas provided residents with pleasant views of the outdoor gardens and the surrounding countryside. Bedroom accommodation comprised of single and double bedrooms, all of which were ensuite. Residents' bedrooms were suitably styled with adequate space for the current residents to store personal belongings. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs. All areas of the centre were designed and furnished to create a homely and accessible living environment for residents. An enclosed garden was available providing access to quality outdoor space for residents. The garden also had a sheltered smoking area.

The centre was found to be bright and comfortable throughout. The premises was laid out to meet the needs of residents, and to encourage and support independence. The inspector observed that the centre was clean and tidy. The provider had an ongoing maintenance programme of improvement works in place to address any premises concerns as they arose.

As the day progressed, the inspector spent time in the various areas of the centre chatting with residents and staff, and observing staff providing care and support to residents. There was a warm atmosphere and residents appeared content as they went about their daily lives. Residents sat together in the various communal rooms watching TV, reading and relaxing. Residents mobilised freely and contently throughout the centre. Communal areas were appropriately supervised and

residents who wished to remain in their bedrooms or who were unable to join the communal areas were supported by staff throughout the day. Staff who spoke with the inspector were very knowledgeable about residents' individual care needs and preferences. The inspector observed that personal care needs were attended to a good standard. While staff were seen to be busy attending to residents throughout the day, the inspector observed that staff were very kind, patient, and attentive to their needs. Friendly, familiar chats could be heard between residents and staff throughout the centre and it was evident that residents were treated with respect and dignity.

Residents spoke positively about their experience of living in the centre. Residents commented that they were well cared for, comfortable and happy living in the centre. One resident told the inspector that they had felt lonesome when first admitted but due to the staff they had settled in well and stated "I love it now". A second resident told the inspector that they were very aware that, at times, they were "forgetful" and that because of this their call bell was always left in the same place in their bedroom, which they described as "very handy". Multiple residents told the inspector that they had access to a call bell and that the bell was always answered in a timely manner.

Residents told the inspector that they felt safe, and that they could speak freely with staff if they had any concerns or worries. Multiple residents told the inspector that they found "no reason to complain". On the day of inspection, there were a number of residents who were not able to give their views of the centre. However, these residents were observed to be content and relaxed in their surroundings.

There was an activities schedule in place which provided residents with opportunities to participate in a choice of recreational activities throughout the day. The centre employed activities staff who facilitated group and one-to-one activities. Residents stated that they had plenty to do every day and that they had a choice in how they spent their day.

Residents were provided with a choice of food and refreshments throughout the day. Residents had a choice of when and where to have their meals. Residents were supported during mealtimes, and residents who required help were provided with assistance in a respectful and dignified manner. Residents told the inspector that they were satisfied with the amount and the quality of food provided.

Visitors were observed coming and going throughout the day. The inspector spoke with a number of visitors who were very satisfied with the care provided to their loved ones.

In summary, residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

This unannounced inspection was carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). The inspector also reviewed unsolicited information received by the office of the Chief Inspector in relation to the quality and safety of care provided to residents. Notifications submitted by the provider in relation to adverse incidents involving residents, were also reviewed on this inspection. The inspector found that the registered provider was providing a good service to the residents. This inspection found full compliance with the regulations reviewed.

Mystical Rose Limited is the registered provider of the centre. The person in charge worked in the centre on a full-time basis and was supported in their role by an assistant director of nursing (ADON), as well as two clinical nurse managers, nursing staff, healthcare assistants, activity staff, administration staff, catering and maintenance staff. Within the centre, lines of accountability and responsibility were clearly defined.

The provider had established management systems in place to ensure ongoing monitoring and oversight of the service delivered within the centre. The person in charge had day-to-day responsibility for the operations of the centre. A risk register was maintained to identify, monitor and manage risks, with controls in place to manage risks such as the potential risk of abuse of residents, the use of restraint, and managing responsive behaviour. A range of clinical and environmental audits had been completed. In addition, action plans as a result of audit findings were created to drive quality improvement, ensuring that lessons were learnt and the learning were implemented following adverse incidents.

The centre had an incident management system in place where all incidents were recorded. This system facilitated the recording, investigation, and review of incidents, including the identification of outcomes and learning. The provider maintained oversight of this process. For example, any adverse incident that had occurred had been appropriately documented and managed in accordance with the centre's policy and procedures. This resulted in opportunities for learning, improvement, and additional measures where identified to prevent the risk of recurrence.

The inspector reviewed a sample of staff files and the files of volunteers. The files contained the necessary information, as required by the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Records reviewed confirmed that training was provided through a combination of in-person and online formats. Records evidenced that all staff had completed role-

specific training in safeguarding residents from abuse, manual handling, infection prevention and control, the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), and fire safety.

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

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse and worked full time in the designated centre. The person in charge was suitably qualified and experienced and met the requirements of Regulation 14. The person in charge had a strong presence in the centre and was known to all residents spoken with.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents, in line with the statement of purpose. There was sufficient nursing staff on duty at all times, and they were supported by a team of health care staff.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff demonstrated appropriate knowledge with regard to the safeguarding of vulnerable people, fire safety, and manual handling. There were arrangements in place for the ongoing supervision of staff through senior management presence, and through formal induction and performance review processes. For example; on commencement of employment all staff completed a three day induction followed by a six month probationary period.

Judgment: Compliant

### Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, were stored securely and readily accessible. Inspectors reviewed a number of staff personnel records, which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that there were strong governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. There was a clearly defined management structure in place with identified lines of authority and accountability.

The provider had management systems in place to ensure the quality of the service was monitored. The provider was committed to quality improvement. The inspector found that when gaps were identified, the management team completed a full review and investigation outcomes were then utilised to maximise on and learning to identify lessons and implement any changes required as a result of the review.

Judgment: Compliant

### Regulation 30: Volunteers

Volunteers were given clear, comprehensive guidance about their role, the name of the person who had responsibility for the supervision of their work, who they reported to and the support they received.

Vetting of volunteers was provided in accordance with the National Vetting Bureau Act.

Judgment: Compliant

## Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

## Quality and safety

Residents living in this centre received care and support which ensured that they could enjoy a good quality of life. Following the last inspection, the provider had taken action to ensure residents' safety in relation to fire safety and bring the centre into compliance with Regulation 28: Fire precautions. The provider had also ensured that residents assessments and care plans were reflective of their care needs, and provided staff with person-centred guidance on the care to be provided.

Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure that the service could meet their health and social care needs. An individualised care plan was developed for each resident, within 48 hours of admission to the centre. The inspector reviewed a sample of residents' nursing care records. Care plans reflected the individual assessed needs of residents and what interventions were required to ensure person-centred quality care. Care plans were updated as changes occurred. Daily progress notes demonstrated appropriate monitoring of the residents care needs and the effectiveness of the care provided.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other health care professionals, in line with their assessed needs.

The provider had systems in place to ensure residents' nutritional status was effectively monitored. Staff were knowledgeable regarding the nutritional needs of individual residents. Residents who were assessed as being at risk of malnutrition

were supported by appropriate health and social care professionals when necessary. There were sufficient amounts of food and drink available to residents at all times. Residents were provided with a choice of meals from a menu that was updated daily. Food was properly and safely prepared, cooked and served including specialist consistency meals. Residents were assisted with their meals in a respectful and dignified manner when necessary.

The person in charge ensured that, where a hospital admission was required for any resident, transfers were safe and effective by providing all relevant information to the receiving clinicians and that all relevant information was obtained on the resident's return to the centre.

There were arrangements in place to safeguard and protect residents from the risk of abuse. A safeguarding policy detailed the roles and responsibilities of staff, and the appropriate steps to take, should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse.

There was a risk management policy in place that detailed the systems in place to identify, record and respond to risks that may impact on the safety and welfare of residents. The person in charge was responsible for ensuring that both operational risk and individual resident risks were identified with control measures in place to minimise the risk. A risk register was kept under continuous review.

Residents' rights were protected and promoted in the centre. Choices and preferences were seen to be respected. Regular residents' meetings were held, which provided a forum for residents to actively participate in decision-making and provide feedback for a variety of areas of the service provision. The staff were aware of the importance of social interaction and engagement of residents in the social care programme of activities.

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

The inspector reviewed the arrangements in place relating to fire safety and found that regular fire safety checks in the centre were completed and recorded. There were daily, weekly and monthly checklists which included testing of fire equipment, fire alarm testing, emergency lighting, means of escape and fire exit doors, all of which were up-to-date. The centre was equipped with a fire detection and alarm system. The provider had taken action to ensure that fire containment measures, means of escape, and that arrangements were in place for the safe and timely evacuations of residents in the event of a fire emergency, were in line with the requirements of the regulations.

## Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services, when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Where a hospital admission was required for any resident, the person in charge ensured that all relevant information about the resident was provided to the receiving hospital and that all relevant information was obtained on the resident's return to the centre.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk management policy in place that detailed the systems in place to identify, record and respond to risks that may impact of the safety and welfare of residents.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had arrangements in place to monitor and review fire precautions in the centre. There were daily and weekly maintenance checks in place to ensure

means of escape were unobstructed, fire-fighting equipment was functional, and fire and emergency lighting systems were operating.

The provider had adequate arrangements in place for detecting, containing and extinguishing fires. There was evidence that those systems were assessed and maintained on a quarterly basis by a competent person.

Staff were provided with opportunities to participate in fire evacuation drills. All residents had an up-to-date personal emergency evacuation plan in place that guided staff.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A review of the nursing care documentation found that all residents had an assessment of their health and social care needs completed and a care plan was in place to address the needs of the residents.

The provider ensured that care plans were implemented and reviewed, in line with the changing needs of the residents, and regulatory requirements.

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 general practitioner (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 dietitians, physiotherapists, psychiatry of later life and end of life care services.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

A restraint-free environment was supported in the centre. Each residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and multidisciplinary team. The

care plans were kept under review and updates when changes in the residents condition occurred.

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

Judgment: Compliant

### Regulation 9: Residents' rights

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	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