



**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:	Nightingale Nursing Home
Name of provider:	Maureen Healy
Address of centre:	Lowville, Ahascragh, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	18 February 2026
Centre ID:	OSV-0000371
Fieldwork ID:	MON-0049638

About the designated centre

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

Nightingale was purpose built in 1996. The home is situated in a quiet rural setting and is surrounded by large landscaped gardens. The centre comprises 31 beds, accommodated in private and semi-private fully furnished bedrooms. A total of 31 residents can be accommodated in the centre. Communal rooms include four lounge areas, dining and recreational space. The lounges are each equipped with televisions, DVD players and stereos and are made all the more homely with open gas fires. The large dining room can accommodate all residents. The centre has views over the Bunowen River and adjacent farmland.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
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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
Wednesday 18 February 2026	09:45hrs to 17:45hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

Overall, the residents living in Nightingale Nursing Home told the inspector that they were happy living in the centre and felt well-cared for by the staff team.

This was an unannounced inspection that was carried out over one day. On arrival to the centre, the inspector was greeted by the clinical nurse manager (CNM). Following an introductory meeting with the CNM, the person in charge and the registered provider, the inspector completed a walk around the centre. There was a calm and welcoming atmosphere in the centre over the course of the inspection. Some residents were being assisted by staff as they got ready for the day ahead, while other residents were relaxing in the centre's various sitting rooms.

Nightingale Nursing Home is a purpose-built, single-storey building and is registered to provide accommodation for a maximum of 31 residents. The centre has 13 twin bedrooms and five single bedrooms, two of which have ensuite facilities. The remaining residents have access to communal toilets and shower facilities throughout the centre.

Bedrooms were suitably furnished and well laid-out. There was adequate space for residents to store their personal belongings. Many residents had personalised their rooms with photographs, flowers or other ornaments. Residents told the inspector that they were happy with the bedroom accommodation, saying "we have everything we need here".

The centre was clean, tidy and well-maintained. There was a choice of communal spaces available to residents, including a three sitting rooms. There was adequate space for residents to engage in recreational activities, rest, or meet with visitors. There was unrestricted access to an outdoor area, which contained seating and shaded areas, and was decorated with flowers and shrubbery. A resident told the inspector "It's so homely here, I couldn't ask for better".

There were appropriately placed handrails along corridors to support residents to mobilise safely and independently. Call-bells were available in all areas and answered in a timely manner.

Residents who spoke with the inspector were happy with the care and support that they received in Nightingale Nursing Home. Speaking about the staff, residents said "you wouldn't meet the likes of them anywhere else" and "the care and treatment are excellent". Residents felt that they had choice in how they spent their day, and were satisfied with the activities available to them. The inspector observed residents participating in a quiz on the day of the inspection, with staff available to support residents to engage in the activities, as needed.

Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of the food provided. Some residents described the food as "excellent" and "fabulous", with one resident praising the freshly baked scones that were served.

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

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

Capacity and capability

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

The registered provider of the nursing home was Maureen Healy. They worked full-time and oversaw the day-to-day operation of the centre. The person in charge also worked full-time in the centre and was supported by a clinical nurse manager (CNM). The remainder of the staff team comprised nurses, health care assistants, catering, housekeeping, activity, and maintenance staff. Staff who spoke with the inspector were familiar with the lines of authority and accountability in the centre.

The systems in place to monitor the quality of care were well-established. Management meetings took place regularly, as well as meetings with the various staff teams. Records of these meetings were maintained and available for review. A schedule of audits had been developed and were completed by the management team. The results of these audits were used to inform the development of quality improvement plans, as needed.

On the day of the inspection, the number and skill-mix of staff was sufficient to meet the assessed needs of the residents accommodated in the centre. There was evidence that staffing levels were regularly reviewed by the management team. Up-to-date rosters were available for review, which reflected the configuration of staff on duty.

Staff were facilitated to attend and complete training, appropriate to their role. This included fire safety, manual handling, safeguarding, and infection prevention and control training. There were arrangements in place to provide supervision and support to staff.

A review of the complaints management system found that complaints were managed in line with requirements of the regulations.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. They were a registered nurse and had the required experience in nursing management and nursing of older persons.

Judgment: Compliant

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

There were arrangements in place to ensure that staff were facilitated to access training in areas such as fire safety, safeguarding of residents and moving and handling practices. There were systems in place to support the supervision of staff.

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.

The person in charge had completed an annual review of the quality and safety of care, which included a quality improvement plan.

Judgment: Compliant

Regulation 31: Notification of incidents

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

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 person-centred care and support from an experienced staff team.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The general environment, including residents' bedrooms, communal areas and toilets were visibly clean and well-maintained.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These assessments were used to inform care plans, which were reviewed every four months or more frequently if required. A sample of these care plans were reviewed, and found to be person-centred and aligned to residents' care needs.

Residents' health care needs were met through regular assessment and review by their general practitioner (GP). Residents were also referred to health and social

care professionals, such as tissue viability nurse specialists, and speech and language therapy, as needed.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received care and support in line with their individual needs. A register of restrictive practices in place were maintained, and the practices were reviewed regularly to ensure they were effective, appropriate and safe.

While there were risk management systems in place to support resident with complex care needs, a review of care planning documentation identified that a risk relating to a resident had not been comprehensively assessed, and therefore the interventions outlined in the resident's care plan did not fully ensure the resident's safety. Action was taken during the inspection to put further mitigation measures in place to ensure the safety of the resident.

Residents' civil, political and religious rights were promoted and respected by staff. It was evident that residents were supported to exercise choice in relation to how they spent their day. A programme of activities was delivered by dedicated activities staff, with the support of other staff, as needed. Residents were satisfied with the range of activities that were available to them.

The fire alarm system, emergency lighting system and fire fighting equipment in the centre were serviced in line with requirements. The registered provider maintained records of daily, weekly and monthly fire safety checks, including reviews of escape routes and tests of the alarm system. Residents' personal emergency evacuation plans (PEEPs) reflected the different evacuation methods required in relation to each resident, in the event of an evacuation. Evacuation drills took place on a regular basis throughout the centre. Records of these were comprehensive and highlighted any areas of improvement that were identified.

Regulation 12: Personal possessions

There was sufficient space available in residents' bedrooms to ensure they could safely store their clothing, belongings and other personal possessions.

Judgment: Compliant

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 28: Fire precautions

The provider had systems in place to ensure that staff were facilitated to complete fire safety training on an annual basis.

There were systems in place to protect residents from the risk of fire, including the regular review and servicing of fire safety equipment.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The assessment of a resident with complex care needs was not comprehensive.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. A referral system was in place for residents to access health and social care professionals such as physiotherapists and dietitians.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

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

There were systems in place to ensure that staff were appropriately skilled to support residents with responsive behaviours.

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. The provider did not act as pension agent for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities for recreation and opportunities for residents to participate in activities in accordance with their interest and capabilities.

Residents' choices, personal routines and privacy were respected by staff.

Residents' rights and wishes were promoted by the registered provider. Residents were supported to attend religious services and to access independent advocacy services if 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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Nightingale Nursing Home OSV-0000371

Inspection ID: MON-0049638

Date of inspection: 18/02/2026

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>This resident has a Dewing Wandering Assessment in place since 03.02.2026 and this is subject to review as required. She also has a comprehensive assessment - recorded on the same day and updated as necessary. A specific care plan outlining a potential risk for absconsion has been put in place and is subject to review. The resident is observed every 15 minutes throughout day and night and window restrictors have been fitted to windows as discussed with our inspector following the inspection.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person’s admission to a designated centre.	Substantially Compliant	Yellow	23/02/2026