



**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:	Portumna Retirement Village
Name of provider:	Tony Williams
Address of centre:	St Brendan's Road, Portumna, Galway
Type of inspection:	Unannounced
Date of inspection:	07 October 2025
Centre ID:	OSV-0000378
Fieldwork ID:	MON-0048485

## About the designated centre

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

Portumna Retirement Village nursing home is two storey in design and purpose built. It can accommodate up to 63 residents. It is located on the outskirts of the town of Portumna, close to many local amenities. Portumna Retirement Village accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters primarily for older persons who require general nursing care, respite, convalescent and palliative care. Bedroom accommodation is provided in 53 single and five twin bedrooms. All bedrooms have en suite shower facilities. There is a variety of communal day spaces provided on both floors including dining rooms, day rooms, sensory room, smoking room, family room and large seated reception area. Residents have access to a secure enclosed courtyard garden area as well as mature gardens surrounding the centre.

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

Number of residents on the date of inspection:	51
--	----

I

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 7 October 2025	10:25hrs to 17:30hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

The inspector found that residents living in this centre received a good standard of care, and were supported to live a good quality of life. Feedback from residents was that they were well cared for by staff who were kind and caring. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a respectful manner. There was a calm and welcoming atmosphere in the centre over the course of the inspection. This unannounced inspection was completed over one day.

The inspector met with the person in charge on arrival to the centre. Following an opening meeting, the inspector completed a walk around the centre observing the care provided to residents, talking with residents and staff, and reviewing the residents' living environment.

Portumna Retirement Village is situated in Portumna, County Galway. This purpose-built facility is registered to provide accommodation to 63 residents. There were 51 residents living in the centre on the day of inspection and 12 vacancies. The premises is a two-storey building with residents' living and bedroom accommodation areas located on both floors which were serviced by an accessible lift. Resident bedroom accommodation consisted of single and twin bedrooms, all with ensuite facilities. Bedrooms were suitably styled and furnished, and provided residents with sufficient space to live comfortably. The size and layout of bedrooms was appropriate for residents' needs and ensured their privacy and dignity. Many residents had decorated their rooms with family photos and personal items of significance. There was adequate facilities available for residents to store their personal belongings.

Throughout the building, there was a sufficient choice of suitable communal spaces available for residents to use, which provided bright, spacious areas for rest and recreation. There was also adequate space available for residents to meet with friends and relatives in private should they wish to. The centre was very clean, tidy and well-maintained and all areas were styled and furnished to create a comfortable and accessible living environment for residents.

The building was laid out to meet the needs of residents, and to encourage and support independence. The centre was bright, warm and well-ventilated throughout. There were appropriately placed handrails along corridors to support residents to mobilise safely and independently. Residents using mobility aides were able to move freely and safely through the centre. There was a sufficient number of toilets and bathroom facilities available to residents. Call-bells were available in all areas and answered in a timely, manner. On the day of the inspection, work was ongoing to complete refurbishment of a number of bedrooms.

There was safe, unrestricted access to outdoor areas which provided residents with direct access to nature and fresh air. The enclosed gardens contained colourful, seasonal flowers beds and lawns, and a variety of appropriate outdoor furniture and shelter.

As the day progressed, the inspector spent time in the various areas of the centre chatting with residents and staff, and observing staff provide care and support to residents. Residents were observed spending their day in various areas of the centre, and it was evident that residents' choices and preferences in their daily routines were respected. Residents sat together in the sitting rooms chatting to one another and staff, and participating in activities. Other residents chose to relax in the comfort of their bedrooms. Communal areas were appropriately supervised and those residents who chose to remain in their rooms, or who were unable to join the communal areas were supported by staff throughout the day. While staff were seen to be busy assisting residents throughout the day, the inspector observed that staff were kind and respectful, and that care was delivered in a relaxed manner. The inspector observed that personal care needs were met to a good standard. There was a warm, friendly atmosphere throughout the centre, and familiar chats could be heard between residents and staff. Staff who spoke with the inspector were knowledgeable about residents and their individual needs.

The inspector spoke in detail with a total of 11 residents. Residents were happy to talk about their experience of living in the centre. Those residents who spoke with the inspector said that they were very satisfied with life in the centre. One resident told the inspector 'life is good and the staff are great'. Another resident said 'I love it here, decided to come here myself and I have no regrets'. 'Happy as Larry', 'excellent staff', 'life is grand' were among some of the other comments made to the inspector about life in the centre. Residents told the inspector that they had plenty to do every day, and that they had plenty of choice in how they spent their day. One resident said 'they let you make decisions about everything', while other residents told the inspector that the days passed well for them with activities such as music sessions, and sport on the television. A number of residents were chatting amongst themselves about the upcoming presidential election.

The inspector observed residents enjoying a variety of activities on the day of the inspection including music, singing and exercise. Staff were available to support residents and to facilitate residents to be as actively involved in activities as they wished.

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

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. One resident told the inspector that 'the food is very good and the kitchen staff always get me what I want'. The dining experience was observed to be a relaxed occasion. Residents had a choice of meals from a menu that was updated daily. Staff provided assistance to residents, where required, in a sensitive and

discreet manner. Other residents were supported to enjoy their meals independently.

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 was an unannounced inspection conducted by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The inspector also reviewed unsolicited information received by the Office of the Chief Inspector in relation to concerns about the management of the centre, in particular, staffing levels and the supervision of staff. This information was not substantiated on this inspection .

Overall, the inspector found a good level of compliance across most of the regulations reviewed. However, while the provider had systems in place to monitor and review the quality of the service provided for the residents, some management systems in place were not fully effective. This was evidenced by deficiencies in the oversight of care planning, systems of protection, and the management of medicines.

The provider of Portumna Retirement Village was Tony Williams. The provider had a clear governance structure in place with identified lines of responsibility and accountability at individual, team and organisational level. The clinical management team consisted of a person in charge supported by an assistant director of nursing and a clinical nurse manager. There was a full complement of staff in place including nursing and care staff, activity, housekeeping, administration, maintenance and catering staff. Management support was provided by a general manager. The person in charge was present throughout the inspection, and was observed to be a strong presence in the centre. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge.

The inspector found that there were sufficient resources in place in the centre to ensure that the rights, health and wellbeing of residents were supported. A review of the staffing rosters found that staffing levels and skill-mix were appropriate for the size and layout of the building, and to meet the assessed health and social care needs of residents. Staff had the required skills, competencies and experience to fulfil their roles. The team providing direct care to residents consisted of at least two registered nurses on duty at all times, and a team of health care assistants. Staff demonstrated an understanding of their roles and responsibilities. Staff were

observed working together as a team to ensure residents' needs were addressed and were observed to be interacting in a positive and supportive way with residents.

Staff were facilitated to attend training, appropriate to their role. This included fire safety, manual handling, safeguarding, and infection prevention and control training. The inspector found that staff had completed training in the areas appropriate to their role. The clinical management team provided clinical supervision and support to all staff.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern. A complaints log was maintained with a record of complaints received.

### Regulation 15: Staffing

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

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Judgment: Compliant

### Regulation 23: Governance and management

The management systems in place to ensure effective oversight of the service were not fully effective. For example:

- inadequate oversight of nursing documentation, particularly in relation to care planning, and incidents or allegations of abuse.
- deficiencies in the oversight of medicines.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

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

Judgment: Compliant

## Quality and safety

Residents living in Portumna Retirement Village were satisfied with the service they received, and reported feeling content living in the centre. The inspector observed that the standard of care provided to residents was of a good quality. Staff were kind, compassionate and respectful with residents.

While the provider had taken steps to protect residents from abuse, including training and the provision of a safeguarding policy, the inspector found that some potential safeguarding concerns were not recognised as such. Therefore, they were not documented and investigated in line with the centres' own safeguarding policy and procedure, and national guidelines.

A sample of residents' assessments and care plans were reviewed. A range of clinical assessments were carried out for each resident on admission to the centre to identify care and support needs using validated assessment tools. The outcomes of assessments were used to develop a care plan for each resident which provided guidance on their assessed needs. Overall, individual care plans contained person-centred information which provided guidance to staff on the supports required to maximise the residents' quality of life. However, a small number of care records reviewed found that care plans and daily progress notes had not been reviewed or updated following significant adverse incidents.

Overall, medicines management was well managed. However, the inspector found that a small number of practices in relation to the storage and administration of medicines was not in line with the requirements of the regulation.

Residents were provided with access to a doctor, as requested or required. Arrangements were in place for residents to access the expertise of health and social care professionals for further expert assessment and treatment, in line with their assessed need.

The environment and equipment used by residents were visibly clean and the premises was well-maintained on the day of the inspection. Cleaning schedules were in place and equipment was cleaned after each use.

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 could retire to bed and get up when they chose. Residents had the opportunity to meet together and discuss management issues in the centre. Residents had access to an independent advocacy service.

### Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

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 5: Individual assessment and care plan

A review of the residents assessments and care plans found that care plans had not been reviewed as required under Regulation 5. For example, two residents' care plans did not contain up-to-date information regarding the management of 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), and protection following recent adverse incidents.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had access to appropriate medical and allied health care professionals and services to meet their assessed needs.

Judgment: Compliant

### Regulation 8: Protection

A review of adverse incidents in the centre found that while the person in charge had taken appropriate actions in response to such incidents, a small number of incidents that were potentially related to safeguarding of residents were not recognised as such. As a result, these incidents were not responded to in line with the centre's own safeguarding policy and national guidelines.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The provider had ensured that residents' rights were respected and that they were supported to exercise choice and control in their daily lives. Residents told the inspector that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Portumna Retirement Village OSV-0000378

Inspection ID: MON-0048485

Date of inspection: 07/10/2025

## 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> <p>Management systems have been reviewed and, in this case, the timely documenting of actions taken at the time. Going forward, management will ensure that all as actions taken are documented promptly.</p> <p>A medication management audit has been completed for all nursing staff and new labelling introduced to reflect the expiry date of medicated creams and drops, once an item has been opened.</p>	
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>Revised policy to be introduced to all nurse staff to immediately update care plans, including weekend updates, in the event of a material change or adverse event.</p>	
Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:  
The proposed action is to introduce stricter implementation of existing safeguarding policy. All staff re-issued with copies of both our Residents' Rights and Safeguarding Policy.

]

## 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 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	13/01/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/01/2026
Regulation 8(1)	The registered provider shall take all reasonable	Substantially Compliant	Yellow	13/01/2026

	measures to protect residents from abuse.			
--	---	--	--	--