



**Health
Information
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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:	Aras Chois Fharraige
Name of provider:	Aras Care Ltd
Address of centre:	Pairc, An Spidéal, Galway
Type of inspection:	Unannounced
Date of inspection:	20 May 2025
Centre ID:	OSV-0000382
Fieldwork ID:	MON-0047057

About the designated centre

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

Aras Chois Fharraige Nursing Home is a purpose built unit with views of the sea. The Centre is located in the Irish speaking Cois Fharraige area of the Connemara Gaeltacht. Accommodation is provided on two levels in 34 single rooms and four sharing rooms. Aras Chois Fharraige provides health and social care to 42 male or female residents aged 18 years and over. The staff team includes nurses, healthcare assistants and offers 24 hour nursing care. There is also access to allied health care professionals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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How we inspect

To prepare for this inspection the inspector or 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 20 May 2025	09:30hrs to 17:30hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector found that residents living in this centre were provided with a good standard of care and support in a supportive environment. Residents told the inspector that staff were caring and that they made them feel safe living in the centre. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a kind and respectful manner.

Aras Chois Fharraige is a purpose-built facility which is registered to provide accommodation for 42 residents situated in the Connemara Gaeltacht area of County Galway. There were 41 residents accommodated in the centre on the day of the inspection, and one vacancy.

The inspector met with an assistant director of nursing and a clinical nurse manager on arrival to the centre. Following an opening meeting, the inspector completed a walk around the centre observing the care provided to residents, talking to residents and staff, and reviewing the living environment. A number of residents were relaxing in communal areas and bedrooms, while other residents were being assisted and supported by staff with their personal care needs.

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. The centre was bright and well-ventilated throughout. Many areas provided residents with views of the outdoors including the gardens areas and the ocean. There was a sufficient choice of suitable communal rooms 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. Resident bedroom accommodation consisted of single and shared bedrooms, all with ensuite facilities. The size and layout of bedrooms was appropriate for residents' needs and ensured their privacy and dignity. Residents were encouraged to decorate their bedrooms with personal items, such as ornaments, photographs, art work and furniture. There was access to facilities for the safekeeping of residents' valuables. 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 design and layout of the building was appropriate to meet the assessed needs of residents, and to encourage and support independence. Corridors were wide and maintained clear of items, with appropriately placed grab rails in place to allow residents to mobilise safely around the centre. Call-bells were available in all areas and responded to in a timely manner.

There was safe, unrestricted access to outdoor areas for residents to use providing residents with direct access to nature, fresh air and views of the surrounding landscape. There was an enclosed internal courtyard and a landscaped garden with seasonal flowerbeds and vegetable patches which provided residents with

opportunities to participate in gardening activities. There was a variety of appropriate garden furnishings and seating available. Residents and their visitors were observed enjoying the good weather outside throughout the day. There was also a mini farm within the grounds which had pygmy goats, ducks, hens and chicks. Many residents and visitors expressed their delight at seeing the chicks running around the courtyard.

As the inspector walked through the centre, residents were observed relaxing in the various areas, and it was evident that residents' choices and preferences in their daily routines were respected. Residents were observed sitting in communal areas, watching TV, reading, chatting with each other and staff, while other residents mobilised freely or with assistance around the building. A small number of residents chose to spend time relaxing in the comfort of their bedrooms.

There was a relaxed, convivial atmosphere in the centre and residents were seen to be content as they went about their daily lives. Aras Chois Fharraige is situated in the Irish speaking area of Connemara. Many residents were native Irish speakers and many staff members were also fluent in the Irish language. It was evident that the management and staff placed great emphasis on maintaining the Irish-speaking culture. Familiar, respectful conversations were overheard between residents and staff, both in Irish and English throughout the course of the day.

Staff supervised communal areas appropriately, and residents who chose to remain in their rooms were supported to do so by staff throughout the day. The inspector observed that staff were kind, patient, and very attentive to residents' needs. While staff were seen to be busy, they were observed to respond to residents' requests for assistance promptly and in an unhurried manner. The inspector observed that personal care was attended to in line with residents' wishes and preferences. Staff were knowledgeable about residents and their individual needs.

The inspector spoke with a number of residents throughout the day. Residents were happy to chat with the inspector, providing an insight of their life in the centre. Residents spoke positively about their experience and told the inspector that they were very happy with their bedroom accommodation and general surroundings, which were comfortable and suitable for their needs. One resident told the inspector that 'it is peaceful and a lovely place to be'. Residents said that staff were kind and always provided them with assistance when it was needed. 'They are all very nice to me', 'the staff are great', were among some of the comments from residents. Two residents explained their reasons for deciding to come and live in the centre and they told the inspector that they were very happy with their decision. Residents said that they felt safe, and that they could speak with staff if they had any or worries. A number of residents were unable to speak or interact with the inspector, however, these residents appeared comfortable in their environment.

Residents told the inspector that they had choice in how they spent their day. There were opportunities for residents to engage in recreational activities of their choice and ability. There was a schedule of activities in place which included, group and one-to-one activities.

A small number of residents told the inspector that they preferred to spend most of their day in the comfort of their bedroom and that staff popped in to see them regularly. They said that they would use the call bell should they require assistance and the bell was always answered by staff in a timely manner.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day. A number of visitors told the inspector that they were very satisfied with the care received by their loved one and that they could speak with management if they had any concerns. One visitor told the inspector that they were so happy with the centre and described it as 'so welcoming and a little bit of heaven'. Another visitor praised the 'care, respect, responsiveness and attention to detail' shown to their relative.

In summary, the inspector found residents received 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.

Capacity and capability

This was an unannounced monitoring inspection, conducted by an inspector of social services, to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector reviewed the action taken by the provider to address areas of non-compliance found on the last inspection in March 2024 and found that the provider had addressed the actions required in relation to Regulation 15: Staffing.

The registered provider of this designated centre is Aras Care Limited Limited, a company comprised of two company directors. The inspector found that the provider demonstrated an ongoing commitment to continuous quality improvement to achieve positive outcomes for residents living in Aras Chois Fharraige. The findings of the inspection were that there were effective governance and management systems in place to ensure that residents were supported to have a good quality of life.

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. There was a clearly established organisational 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, an assistant director of nursing and a clinical nurse manager. The person in charge was further supported by a full complement of staff including nursing and care staff, activity,

housekeeping, administration, maintenance and catering staff. Management support was also provided by one of the directors of the company. The management team were well known to the residents and staff. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge. On the day of the inspection, the person in charge was not available and the assistant director of nursing, who was deputising in their absence, facilitated the inspection.

There were a number of management systems in place to monitor the quality and safety of the service. Clinical and environmental audits were completed, for example, reviews of care planning, falls management, end of life care, fire safety and complaints management. Action plans were developed and completed where areas for improvement were identified. The person in charge carried out an annual review of the quality and safety of care in 2024 which included a quality improvement plan for 2025.

There was evidence of effective communication systems in the centre. Regular management team and staff meetings had taken place. Minutes of meetings reviewed by the inspector showed that a wide range of relevant topics were discussed such as, staffing, training, care issues, activities, complaints and other relevant issues.

The centre had a stable team which ensured that residents benefited from continuity of care from staff who knew their individual needs. A review of the staffing roster found that there was an improvement in the staffing levels since the previous inspection. There were adequate numbers of suitably qualified staff available throughout the day to support residents' assessed needs. Staffing levels and skill-mix were appropriate to meet the assessed health and social care needs of residents, given the size and layout of the building. Communal areas were appropriately supervised and 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.

A review of staff training records evidenced that staff had completed relevant training to support the provision of safe care to residents. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training. The clinical management team provided clinical supervision and support to all staff.

The policies and procedures, as required by Schedule 5 of the regulations, were available to staff, providing guidance on how to deliver safe care to the residents.

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. There were systems in place to identify, document and learn from incidents involving residents. Notifiable incidents were submitted to the Chief Inspector in line with regulatory requirements.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly

displayed in the centre. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account 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. Arrangements were in place to ensure staff were appropriately supervised to carry out their duties.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The inspector found that the records set out in Schedules 2, 3 and 4 were kept in the centre, and that they were available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

There were effective 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. The provider had management systems in place to ensure the quality of the service was effectively monitored. The person in charge carried out an annual review of the quality and safety of care in 2024 which included a quality improvement plan for 2025.

Judgment: Compliant

Regulation 34: Complaints procedure

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

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider prepared written policies and procedures in accordance with Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

This inspection found that the management and staff worked to provide a good quality of life for the residents living in the centre. There was a person-centred approach to care, and residents' well-being and independence were promoted. Residents were satisfied with the service they received, and reported feeling safe and content living in the centre.

Staff who spoke with the inspector were knowledgeable about residents and their individual needs. A sample of residents' files were reviewed by the inspector. Prior to admission to the centre, assessments were undertaken by the person in charge in order to determine if the centre could meet the assessed social and health care needs of prospective residents. Following admission to the centre, a range of clinical assessments were carried out, using validated assessment tools, to identify areas of risk specific to each resident. These assessments were used to develop an individualised care plan for each resident which addressed the residents' abilities and assessed needs. Individual care plans were comprehensive, with person-centred

information that was updated every four months, or as changes occurred, to reflect residents' changing needs and to provide clear guidance to staff on the supports required to maximise the residents' quality of life. Daily nursing records demonstrated good monitoring of residents' care needs.

A review of residents' records found that there was regular communication with residents' general practitioner (GP) regarding their health care needs. Residents were provided with access to their GP, 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.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of bedrails, and records reviewed showed that appropriate risk assessments had been carried out.

The ethos of care in the centre was person-centred. Residents' rights and choices were respected and upheld, and their independence was promoted. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice in their daily lives and routines. Residents could retire to bed and get up when they chose. There was a schedule of recreational activities in place and there were sufficient staff available to support residents in their recreation of choice and ability. Residents had the opportunity to meet together and discuss management issues in the centre. Satisfaction surveys were carried out with residents with positive results. Residents had access to an independent advocacy service.

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.

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.

Fire procedures and evacuation plans were prominently displayed throughout the centre. There were adequate means of escape, and all escape routes were unobstructed, and emergency lighting was in place. Fire fighting equipment was available, and serviced, as required.

There was effective oversight of medicines management to ensure that residents were protected from harm and provided with appropriate and beneficial treatment.

Regulation 11: Visits

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.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the centre had appropriate access to and maintained control over their personal possessions. Laundry services were on-site, and there were no issues raised by residents regarding laundry.

Judgment: Compliant

Regulation 17: Premises

The designated centre provided appropriate facilities for the number of residents and their assessed needs, in accordance with the statement of purpose.

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 an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under Regulation 26(1).

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were processes in place for the prescribing, administration and handling of medicines, including controlled drugs, which were safe and in accordance with current professional guidelines and legislation.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

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

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor restrictive practices to ensure that they were appropriate.

Judgment: 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

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant