



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

## Issued by the Chief Inspector

Name of designated centre:	Carna Nursing and Retirement Home
Name of provider:	Teach Altranais Charna Cuideachta Neamhtheoranta
Address of centre:	Teach Altranais Charna, Cuideachta Neamhtheoranta, Carna, Connemara, Galway
Type of inspection:	Unannounced
Date of inspection:	03 February 2026
Centre ID:	OSV-0000398
Fieldwork ID:	MON-0049514

## About the designated centre

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

Carna Nursing & Retirement Home is a single storey, modern, spacious, purpose built facility established in 2003 set in the Connemara village of Carna. It is located beside the sea and has view of the mountain-scape and a fishing harbour. The centre accommodates both male and female residents with nursing care needs, dementia, physical and mental disability, respite care, convalescence and palliative care.

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

Number of residents on the date of inspection:	49
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 3 February 2026	10:30hrs to 18:20hrs	Una Fitzgerald	Lead
Tuesday 3 February 2026	10:30hrs to 18:20hrs	Ruta Graham	Support

## What residents told us and what inspectors observed

Residents living in Carna Nursing and Retirement Home were complimentary of the staff, who provided them with care and support, in a caring and respectful manner. Residents spoke positively about staff as individuals who made them feel safe, and encouraged them to be independent, and to engage socially through activities and with other residents. However, the majority of residents spoken with expressed discontent with some aspects of the service. Primarily residents told inspectors that they were unhappy with the length of time it took staff to answer their call bells when they rang for assistance. Residents spoke about lengthy waiting times to have care requests attended too. Residents told inspectors that they felt that there was insufficient numbers of staff on duty delivering the direct care.

Inspectors arrived at the centre unannounced and were met by the management team. Inspectors met with a number of residents during a walk around the centre, and spoke with a number of residents in detail about their experience of living in the centre. Some residents were unable to articulate their views on the quality of the service they received. Those residents appeared to be comfortable in the communal dayroom throughout the day of inspection. A live music session was held in the morning and in the afternoon of the day of inspection. One resident told inspectors that they thoroughly enjoyed the live music sessions, as it helped pass the day.

From entering the premises, there was a welcome atmosphere. The entrance to the designated centre had a large round reception desk where residents stopped and chatted to the reception staff. This area was a hub of activity throughout the day. Residents reported that they were satisfied with their bedroom accommodation, and further satisfied with the storage facilities for their personal possessions.

Residents were complimentary in their feedback about the staff as individuals and described their engagements with staff as kind, respectful and caring. Residents acknowledged how busy the staff were, and described how this impacted on the care they received. Residents described how they would sometimes wait long periods of time for assistance. Residents reported that they often felt rushed by staff and would often experience delays to be assisted to mobilise around the centre. In addition, inspectors observed multiple occasions where residents were calling out for assistance when lying in their beds. On a number of occasions, inspectors observed that some residents did not have their call bells left within reach and so had no option but to call out.

Residents were provided with opportunities to express their feedback about the quality of the service through scheduled resident meetings and through individual conversations with the staff. For example, residents had voiced that the food menu required a review and more variety. As a result the menus were revised.

The centre was observed to actively promote a restriction-free environment. Residents confirmed that visitors were always welcome. Residents also confirmed that, while the main entrance was operated on a fingerprint system, any resident that chose to have access was accommodated following an assessment of risk.

The inspectors identified a number of infection and prevention control issues in the centre. There was one utility/ sluice room for the reprocessing of bedpans, urinals and commode pans which was well-maintained and contained functioning bedpan washer/disinfector. The room contained commode pan racks and drip trays for the storage of bedpans and urinals post disinfection. However, the inspectors observed that the utility room had commode pans stacked on top of each other on the provided racks which posed a risk of cross contamination. Additionally, there was resident equipment items that were visibly stained and unclean that were stored alongside clean items, posing a risk of cross infection.

The following sections of this report details the findings with regard to the capacity and capability of the centre, and how this supports the quality and safety of the service being provided to residents.

## Capacity and capability

This unannounced inspection was carried out by inspectors 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 provider had submitted an application to renew the registration of the centre, and the detail of this application was reviewed on this inspection. While inspectors found that the overall quality of care delivered was of a good standard, the service was insufficiently resourced from a staffing perspective, which meant that the current residents were unhappy with the lengthy waiting times they had to endure due to insufficient numbers on duty.

The person in charge worked in the centre on a full-time basis and was supported in their role by a general manager, an assistant director of nursing, a team of nursing staff, healthcare attendants, administration staff, catering and maintenance staff. Within the centre, lines of accountability and responsibility were clearly defined.

Inspectors found that the organisation and management of staffing resources was not effective, and that this adversely impacted the lived experience of the residents living in the centre. Records demonstrated that the centre's staffing levels had recently been impacted by an increase in staff turnover. In response to this, the provider had ongoing recruitment in place. Staffing rosters evidenced multiple days whereby the staffing compliment on the floor was reduced from the required numbers outlined to inspectors. This reduction was then further impacted by the fact that staff could not be replaced when they were unavailable to work. The impact meant that residents were not always provided with assistance in a timely

manner. For example; inspectors observed a resident requesting to return to their bedroom from the communal area. At the time the request was made, there was one staff member supervising seventeen residents in the communal room, and so the request could not be supported until staff became available in another area of the centre.

The provider had 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 and minimise known risks. For example, the current staffing levels in the healthcare assistant roles had been added to the register by the person in charge on the 02 February 2026.

A range of clinical and environmental audits had been completed. While aspects of the service were audited, and action plans created to drive quality improvement, these improvements were not followed-up and reviewed to ensure that any learning was implemented.

The inspectors reviewed a sample of staff files. The files contained the necessary information, as required by Schedule 2 of 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 showed 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.

#### Registration Regulation 4: Application for registration or renewal of registration

The application for the registration renewal of the centre was made and the fee had been paid.

Judgment: Compliant

## Regulation 15: Staffing

The number and skill mix of staff was not adequate to meet the needs of the residents taking into account the size and layout of the designated centre. This was evidenced as follows:

- multiple residents told inspectors that they were aware of the staffing shortages and that the staffing numbers in the evening time decreased. When asked how this effected their care, one resident told inspectors that they felt their care was rushed.
- multiple residents reported having to wait extended periods of time to have their call bell answered.
- rosters evidenced multiple days whereby the staffing compliment on the floor was reduced with staff not replaced when they were unexpectedly unavailable to work. This reduction of hours varied from 12 hours up to 38 hours in the availability of healthcare assistants.
- Staff confirmed that the staffing levels in place were below the levels planned and required to provide care to residents in line with their assessed needs.

Judgment: Not 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 provider had failed to ensure that there were sufficient staffing resources in place to consistently maintain planned staffing levels in line with the current resident care needs, and the centre's statement of purpose. The service was dependent on the staff working additional hours, and to be available at short notice to support the rosters. While there was evidence of ongoing recruitment, on the day of inspection, the provider did not have the staffing resources in place to cover planned and unplanned leave.

A range of clinical and environmental audits had been completed. While aspects of the service were audited and action plans created to drive quality improvement, not

all audits identified areas of risk, and so improvement plans to implement learning were not in place. For example;

- While there was ongoing audits of the environment, identification of the poor state of repair of the flooring was not observed and so there was no plan in place to address the risk
- the call bell audit had not captured the voice of the residents. The audit captured once incident of a call bell response times on two separate days. In addition, call bell audits demonstrated that call bell response times were not audited when the staffing levels in the centre were reduced. This incomplete information gathering, impacted on the provider's ability to appropriately recognise this ongoing concern held by the current residents.

Judgment: Not 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

The centre had a complaints procedure that outlined the process for making a complaint and the personnel involved in the management of complaints. A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

Judgment: Compliant

## Quality and safety

In the main, residents were satisfied with the care provided in Carna Nursing and Retirement Home and spoke positively about the support they received from staff. Notwithstanding this positive feedback, inspectors observed that residents' rights and choices could not be always accommodated as a direct result of the availability

of staff, as described in the capacity and capability section of this report. On the day, residents told inspectors that the staff were respectful and courteous.

Nursing and care staff were knowledgeable regarding the care needs of the residents and this was reflected in the nursing documentation. Inspectors reviewed a sample of residents' care records. Validated clinical assessment tools were used to identify potential risks to residents such as poor mobility, impaired skin integrity, and the risk of malnutrition. The outcomes of assessments were used to develop a holistic care plan for each resident which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. The care plans reviewed were person-centred and contained the necessary information to guide care delivery.

Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise. For example, residents who were assessed as being at risk of malnutrition, were supported by appropriate health and social care professionals, when necessary.

The centre was actively promoting a restraint-free environment. Restrictive practices were only initiated following an appropriate risk assessment, and in consultation with the multidisciplinary team and the resident concerned.

Residents reported that they felt safe living in the centre. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse.

Visitors were observed in the centre on the day of inspection. Residents confirmed that there were no unnecessary restrictions in place.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

The design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. There was a maintenance programme in place. On the day of inspection, painting of one of the communal resident rooms was in process. However, inspectors observed that the flooring along one corridor was in a poor state of repair. This flooring appeared to be harboring water and was a potential infection prevention risk. The inspectors found some items of resident equipment was visibly unclean.

## 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 17: Premises

While there was ongoing maintenance in relation to the painting of communal sitting rooms, there were areas of the premises that were not maintained in a satisfactory state of repair, as required by Schedule 6 of the regulations. For example, the flooring along a corridor was very worn, stained and damaged. This made the surface not amenable to cleaning. Inspectors also found that some items of resident equipment that was stacked and ready for use was visibly stained and unclean, and this presented a risk of cross contamination.

Judgment: Substantially 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

Residents had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.

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 promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. 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.

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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially 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

# Compliance Plan for Carna Nursing and Retirement Home OSV-0000398

Inspection ID: MON-0049514

Date of inspection: 03/02/2026

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            Carna Nursing and Retirement Home is actively recruiting staff to ensure compliance with required staffing levels in line with current resident care needs and center's statement of Purpose. Since the last inspection, 4.0 whole-time equivalent HCAs have commenced employment, and 2.0 additional HCAs have been recruited and are awaiting to start. Active recruitment remains ongoing to further strengthen the staffing complement. Staffing levels will continue to be monitored and reviewed regularly through management meetings, dependency assessments, and roster reviews to ensure that residents' assessed needs are consistently met.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            Carna Nursing Home ensures that staffing levels are maintained in line with the assessed care needs of residents and the centre's Statement of Purpose. The centre is actively recruiting HCAs to support appropriate staffing levels and ensure compliance with regulatory requirements. PIC also ensures that the appropriate skill mix is maintained within the staffing complement so that residents receive safe, effective, and person-centred care always.            TO BE COMPLETED AND ONGOING :18/04/2026</p> <p>PIC reviews all audits and ensures that improvement plans are developed and implemented to support learning and quality improvement.</p>	

COMPLETED: 17/02/2026

A Call Bell Policy has now been developed and implemented in the center. The call bell audit tool has been reviewed by the PIC, and a revised audit has been introduced which is more specific and detailed. This will support the identification of any concerns and ensure appropriate and timely actions are taken.

COMPLETED :16/02/2026

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Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
Floor coverings that are in a poor state of repair and appear unclean have been scheduled for repair.

TO BE COMPLETED BY :14/05/2026

Residents' equipment is cleaned after each use and stored appropriately. Staff have been reminded of infection prevention and control procedures relating to the cleaning and storage of the equipment. The IPC nurse oversees and monitors the process to ensure compliance.

COMPLETED: 05/02/2026

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## 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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	18/04/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	14/05/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	18/04/2026

	effective delivery of care in accordance with the statement of purpose.			
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	17/02/2026