



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

Issued by the Chief Inspector

Name of designated centre:	Brooklodge Nursing Home Limited
Name of provider:	Brooklodge Nursing Home Limited
Address of centre:	Ballyglunin, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	22 January 2026
Centre ID:	OSV-0005164
Fieldwork ID:	MON-0046985

About the designated centre

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

Brooklodge Nursing Home is a single storey purpose built premises located in a rural area in County Galway. According to the statement of purpose, the nursing home caters for residents who need long term care, respite care, post operative convalescent care, general medical convalescent care. palliative care, residents with dementia, intellectual and physical disabilities. The centre can accommodate a maximum of 45 residents. It is a mixed gender facility, catering for dependent persons aged 18 years and over. Accommodation is provided in 17 single bedrooms and 14 twin bedrooms, each with an en suite shower, toilet and wash-hand basin. The staff team includes nurses and health care assistants and offers 24 hour nursing care. There is also access to a range of allied health care professionals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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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
Thursday 22 January 2026	10:00hrs to 18:40hrs	Rachel Seighthie	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Overall, the feedback from residents living in the centre was that they were well cared for, by staff who were kind and attentive to their needs. The inspector heard positive comments from residents such as 'Anything we ask for, we get, the staff are so good' and 'This is my home and I never want to leave'.

Brooklodge Nursing Home is situated in a rural setting in Ballyglunin, Co. Galway. The designated centre is a single-storey purpose-built facility, which is registered to provide accommodation for 45 residents. There were 43 residents accommodated in the centre on the day of the inspection.

Following an introductory meeting, the inspector walked around centre with the person in charge, giving an opportunity to meet with residents and staff. Resident private and communal accommodation areas were located along corridors leading from the main reception. A number of residents were observed relaxing in their bedrooms and in communal areas, while other residents were being supported by staff with their personal care needs. The atmosphere in the centre was relaxed and welcoming.

The inspector spoke with residents who they had met on previous inspections, and to residents who had moved into the centre more recently. Residents were happy to talk about their lives in the centre, and they told the inspector that they could speak freely with the staff and management. It was evident that the management team were well known to the residents, and the person in charge paused to speak with many residents as they walked around the centre.

Residents reported satisfaction with the activities available and the majority of residents were observed spending time in the main communal sitting room throughout the day. There was a constant staff presence in the sitting room and atmosphere was sociable. The inspector observed one resident enjoying a waltz, with a member of the management team. Some residents who spoke with the inspector said they preferred to relax in their bedrooms independently, and this choice was respected. Residents had access to television and radio in their bedrooms, and daily newspapers were provided. A small number of residents attended a local day centre, and they told the inspector that this was an enjoyable outing.

Residents were complimentary of the quality and choice of food provided, which was described as 'top class'. Residents were supported to dine in the main communal dining area, or in their bedrooms if they wished. Several residents had been provided with small refrigerators in their bedrooms, to store additional snacks and drinks.

The centre was clean, tidy and generally well-maintained. Resident bedroom accommodation comprised of single and twin bedrooms, with ensuite bathroom facilities. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs. There were adequate facilities available for residents to store their personal belongings in their bedrooms, however, the inspector noted that there were inadequate storage arrangements for personal care items, in some ensuite bathrooms.

Resident communal areas included two sitting rooms, a dining room, a chapel and a reception area. All areas of the centre were designed and furnished to create a comfortable and accessible living environment for residents. However, the inspector observed that the function of one resident communal room had been changed on the day of inspection. There was a designated indoor smoking area which was clean and tidy, and there were measures in place to ensure the residents' safety when using this facility, including access to a call bell and suitable fire-fighting equipment. There was an accessible enclosed garden available which contained a variety of plants, ornaments and suitable seating.

Corridors were wide and there were appropriately placed hand rails to support residents to walk independently. Floor covering had been replaced along some circulating corridors, and works were ongoing to replace the floor covering in other areas of the centre, including in resident bedrooms. A new call bell system had been installed since the previous inspection, however a call bell was not available in one ensuite bathroom at the time of inspection. While there appeared to be sufficient storage facilities, the inspector noted that resident equipment storage areas were cluttered and hoist slings were inappropriately stored, on top of resident assistive equipment.

Ancillary facilities included a sluice, house-keeping rooms and a laundry room. The sluice was clean and tidy and had been reorganised since the previous inspection. However, the inspector observed that the laundry room, although clean, was cluttered and the handwash sink provided was not easily accessible.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day. Visitors with whom the inspector spoke were complimentary of the staff and the care that their family members received.

Information for residents was displayed throughout the centre, including information regarding advocacy services, and residents were supported to access this service, if required.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and to follow up on the actions taken by the provider to address areas of non-compliance found on the inspection in February 2025. Overall, this inspection found evidence of improvements in some aspects of the service. The provider had addressed the non-compliances found on the previous inspection, in respect of individual assessment and care planning, records, contracts for the provision of care services and notification of incidents. However, the care environment was not fully aligned with the requirements of the regulations, and the provider was in breach of a condition of registration, following the change of the function of a resident communal room.

Brooklodge Nursing Home Limited was the Registered Provider for Brooklodge Nursing Home. A director of the company provided support to the local management team, who were well established in the centre. There was a clearly defined management structure. The person in charge worked full-time in the centre. They were supported by an assistant director of nursing (ADON), who worked in a supervisory role. The assistant director of nursing deputised in the absence of the person in charge. Nurses, healthcare assistants, catering, housekeeping, activity, administration and maintenance staff made up the staffing compliment.

On the day of inspection, there were 43 residents living in the centre. The inspectors' observed that staffing levels were sufficient to meet the assessed needs and dependencies of residents. Communal areas were appropriately supervised. Records showed that there was a minimum of two registered nurses on duty at all times, to oversee the clinical care of the residents. There were no staff vacancies at the time of inspection. Records demonstrated that staffing levels were well monitored and there was a recruitment contingency plan in place.

Training records reviewed demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices, and the safeguarding of residents. Records viewed indicated that staff were up-to-date with the centre's mandatory training requirements. Staff also had access to additional training to inform their practice, which included cardiopulmonary resuscitation (CPR) and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment).

There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety. The schedule of audits included infection control, medication management and care planning documentation. Quality improvement plans had been developed in line with the audit findings. There was evidence that there was effective communication systems in the centre. The management team met with each other and staff on a regular basis, to review key clinical and operational aspects of the service. Records of these meetings were maintained and detailed the attendees, the

agenda items discussed, and the actions that were agreed. Items discussed included staffing, premises and resident care needs.

Arrangements for the identification and recording of incidents was in place. Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector within the required time frame.

A review of the complaints records found that complaints and concerns were responded to promptly, and managed in line with the requirements of Regulation 34: Complaints procedures.

Contracts for the provision of services in place for all residents, which detailed the terms on which they resided in the centre.

Schedule 2, 3 and 4 records were seen to be stored securely in the designated centre. There was evidence that staff were appropriately vetted prior to commencing employment in the centre. An Garda Siochana (police) vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, were available in the designated centre for each member of staff.

An annual report on the quality of the service had been completed for 2025 and had been completed in consultation with residents. The annual review set out the service's level of compliance with the regulations, as assessed by the management team.

Regulation 15: Staffing

On the day of inspection, there were adequate levels of nursing and care staff on duty for the size and layout of the centre. There was at least two registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding, managing behaviours that are challenging, as well as infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles.

Judgment: Compliant

Regulation 22: Insurance
There was an up-to-date contract of insurance in place against injury to residents, and other risks, including loss or damage to a resident’s property.
Judgment: Compliant
Regulation 23: Governance and management
Some of the management systems in place did not ensure adequate oversight in areas such as infection control, to ensure that the service was safe and consistent. The registered provider was in breach of a condition of registration, following the change of the function of a resident communal room.
Judgment: Substantially compliant
Regulation 24: Contract for the provision of services
A sample of contracts for the provision of care was reviewed by the inspector. Contracts viewed were signed by the resident or their representative and included the terms of admission and fees to be charged for services provided.
Judgment: Compliant
Regulation 31: Notification of incidents
Incidents, as set out in Schedule 4 of the regulations, were notified to the office of the Chief Inspector, within the required time frames.
Judgment: Compliant
Quality and safety

The findings on the day of inspection were that the provider was delivering good quality clinical care to residents, in line with their assessed needs. Residents had good access to health care services, including general practitioners (GP), dietitian, speech and language and tissue viability services. Clinical risks such as nutrition, falls and wounds were well- monitored. Residents spoke highly of the quality of the service provided. However premises, infection control and fire precautions, did not align fully with the requirements of the regulations.

The design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm. Residents' bedroom accommodation was individually personalised. A programme of maintenance work was ongoing. However, some areas did not align with the requirements of Regulation 17: Premises. For example, floor surfaces in some resident bedrooms were damaged. This is detailed under regulation 17: Premises.

Infection prevention and control measures were in place and monitored by the person in charge. While the centre was visibly clean on inspection and the provider had taken action to enhance the sluice facilities since the previous inspection, the organisation of storage posed a risk of cross contamination in some areas.

A review of fire safety systems in the centre found that the provider had taken a proactive approach to fire safety. Following the previous inspection, the provider had commissioned an fire risk assessment by an external person. At the time of the inspection, the provider was progressing with works that had been identified through the fire risk assessment report. A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. Each resident had a completed personal emergency evacuation plan (PEEP) in place to guide staff on the safe and timely evacuation of residents in the event of a fire emergency. Nonetheless, some observations in relation to fire safety management did not fully align with the requirements of the regulations, such as the condition of some fire doors, and the provision of directional signage, to ensure safe evacuation of the centre.

Residents had timely access to medical assessments and treatment. Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, and palliative care.

The centre had an electronic resident care record system. Records demonstrated that pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs. The inspector viewed a sample of files of residents with a range of needs and found that care plans were generally person- centred, informative and reviewed in line with regulatory requirements. A full review of all resident social care plans had been undertaken since the previous inspection.

The provider had measures in place to safeguard residents from abuse. The provider was not acting as pension agent for any resident on the day of inspection. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse and training records identified that staff had completed up-to-date training in the prevention, detection and response to abuse.

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. There was evidence to show that the centre was working towards a restraint-free environment, in line with local and national policy. A restrictive practice committee met regularly to review the use of restrictive practices in the centre.

Residents' meetings were convened regularly and meeting records demonstrated that the agenda was varied. Topics discussed included complaints, safeguarding, advocacy, staffing and communication. An independent advocate attended the centre regularly and chaired resident advocacy meetings. Residents had access to religious services and resources, and they were supported to practice their religious faiths in the centre. A local priest attended the centre on a regular basis to celebrate Mass. Other religious and pastoral services could also be made available if required. Residents were also supported to attend the oratory within the centre.

The centre employed two staff who were dedicated to the provision of resident activities on a daily basis. The programme of activities included story telling, music therapy, and sensory activities and trips outside of the centre to places including Knock and a local pub. The centre had well-established links with the local community and several residents were being supported to attend a local day centre, at the time of the inspection. Residents had access to television, radio, newspapers and internet.

The inspector found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished. Visitors were observed attending the centre on the day of inspection.

Regulation 11: Visits

Visits by residents' family and friends were facilitated without restriction. Residents were able to receive visitors in a variety of locations including their bedrooms and dedicated areas within the centre.

Judgment: Compliant

Regulation 17: Premises

The designated centre did not conform to the matters set out in Schedule 6 of the regulations in the following areas;

- A call bell was not available in one resident ensuite bathroom.
- Floor surfaces in some resident bedrooms were damaged.
- Lockable storage for chemical was not provided in one house-keeping room.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that when residents were transferred to hospital from the designated centre, relevant information was provided to the receiving hospital. Upon residents' return to the designated centre, staff ensured that all relevant clinical information was obtained from the discharging service or hospital. Copies of transfer documents were filed in the residents charts.

Judgment: Compliant

Regulation 27: Infection control

A number of issues were identified which had the potential to impact the effectiveness of infection prevention and control within the centre. This was evidenced by:

- The infrastructure of the on-site laundry did not support the functional separation of the clean and dirty phases.
- The hand wash sink in the on-site laundry was small and not easily accessible.
- A number of individual resident slings were being stored together on top of assistive equipment, which increased the risk of cross-contamination.
- Some personal care items were inappropriately stored on floors or in sinks ensuite bathrooms, and this may pose a risk of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some inadequate fire precautions were observed on this inspection. For example:

- There was a lack of emergency directional signage (running man signs) above some cross corridor doors. In the event of an emergency, this lack of signage could cause confusion and could delay an evacuation.

The arrangements in place to ensure that the containment of fire and smoke in the event of an emergency was not adequate.

- A fire door to one communal room was wedged open, which could negatively impact on the containment of flame and smoke in the event of a fire.
- Three cross corridor fire doors had visible gaps when closed which could also negatively impact on the containment of flame and smoke in the event of a fire.

Judgment: Substantially 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 a general practitioner (GP) of their choice. Arrangements were in place for residents to access the expertise of health and social care professionals such as dietetic services, speech and language, physiotherapy, and occupational therapy through a system of referral.

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.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Brooklodge Nursing Home Limited OSV-0005164

Inspection ID: MON-0046985

Date of inspection: 22/01/2026

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A new system has been put in place to ensure all aspects of infection control are safe and consistent. An IPC lead nurse is assigned to oversee compliance with infection control policy. Management is in the process of sourcing an external IPC expert to assess IPC protocol throughout the building. Monthly audits are carried out, and action plan will be implemented and over seen by Management.</p> <p>The breach of registration conditions has now been rectified after meeting with the Chief Inspector. Management/Provider will inform and discuss with the chief inspector before making any changes to the room's function and the designated center's layout.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A call bell as now been installed in the ensuite bathroom</p> <p>The audit of floor surface condition has been completed, and a contract has been secured to renew damaged floor surfaces.</p> <p>Lockable storage for chemicals has been installed in the housekeeping room.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Functional separation of clean and dirty phases is now in place. Demarcation line as been installed on the floor in the laundry to separate clean and dirty linen.</p> <p>A new sink is ordered to replace the small sink in the laundry room, which is easily accessible.</p> <p>Individual residents' slings are now stored in residents' bedrooms, and this process is Audited Monthly.</p> <p>New moisture-resistant wipeable shelves have now been installed in every bedroom. Functional separation of clean and dirty phases is now in place. Demarcation line as been installed on the floor in the laundry to separate clean and dirty linen.</p> <p>A new sink is ordered to replace the small sink in the laundry room, which is easily accessible.</p> <p>Individual residents' slings are now stored in residents' bedrooms, and this process is Audited Monthly.</p> <p>New moisture-resistant wipeable shelves have now been installed in every bedroom.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>New emergency directional signage is now in place in all corridors.</p> <p>The magnetic holder on the fire doors in the communal area has been replaced. Assessed the risk of wedging the fire door, documented in the risk register and addressed with all staff regarding the risk.</p> <p>All fire-related deficiencies are now corrected. The nursing home commissioned an external expert to conduct a fire risk assessment to address any functional issues. Cross-corridor fire door gaps have been addressed. Compartments are clearly labelled. Monthly audit assessments continue to be carried out by Management and Maintenance.</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 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	30/06/2026
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	26/01/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the	Substantially Compliant	Yellow	30/03/2026

	Authority are in place and are implemented by staff.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/01/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2026