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:	St Anne's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Westport Road, Clifden, Galway
Type of inspection:	Unannounced
Date of inspection:	07 November 2025
Centre ID:	OSV-0000632
Fieldwork ID:	MON-0048813

About the designated centre

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

St Anne's Community Nursing Unit is a designated centre in County Galway providing care for male and female residents over the age of 18 years. Residents are accommodated on the ground floor of the building in single, twin and multi-occupancy (occupancy greater than two people) rooms. Appropriate communal sitting and dining space is available in the centre, as well as safe and suitable outdoor space. The centre is located in a quiet rural area and there are transport links available to get into the local town. The centre is currently registered to accommodate 21 people, and each resident's dependency needs are regularly reviewed to ensure their care needs are met.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21

How we inspect

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
Friday 7 November 2025	09:30hrs to 17:00hrs	Leanne Crowe	Lead
Friday 7 November 2025	09:30hrs to 17:00hrs	Ruta Graham	Support

What residents told us and what inspectors observed

Overall, the residents living in St Anne's Community Nursing Unit told inspectors that they were content and well-looked after in the centre.

On arrival to the centre, the inspectors met with the person in charge and clinical nurse manager (CNM). Following an opening meeting, the inspectors conducted a walk through the building, giving an opportunity to review the living environment, and to meet with residents and staff. Some residents were observed relaxing in communal areas and bedrooms, while others were receiving assistance from staff with their personal care needs. Staff were observed attending to residents in a friendly, yet attentive manner. Inspectors observed a number of residents preparing to travel to the nearby town, or to visit their families for the day. There was a pleasant atmosphere throughout the centre.

The inspectors observed warm and respectful interactions between residents and staff on the day of inspection. All residents who spoke with the inspectors were complimentary about the staff who supported them.

The registered provider was planning to build a new designated centre on the site of the existing centre. Construction works to prepare the site were ongoing at the time of this inspection, which had consequently reduced the outdoor space available to residents. While this had minimal impact on residents during the current winter season, there was a potential risk of these arrangements adversely affecting residents' access to outdoor space and associated activities on a long-term basis.

Activities were facilitated by activity staff, as well as a number of external service providers. A varied programme of activities was available to residents, including music, games, reminiscence therapy, quizzes and exercise classes. Activity staff also carried out activities with residents on a one-to-one basis. Throughout the day of the inspection, staff were observed encouraging residents to engage with the activities in line with their own capacities and capabilities. Residents were observed enjoying these activities, and spoke positively about the programme.

The inspectors observed the lunchtime meal that was served in each of the dining rooms. A number of residents chose to have their meal in their bedroom, which was also facilitated by staff. The meals served to residents were freshly prepared and met their assessed nutritional needs. Residents who required modified consistency diets were offered the same choice of meals. Staff providing assistance to residents did so in a discreet and respectful manner. Residents requiring special or modified consistency diets were served meals in line with their assessed needs.

Visitors were observed attending the centre throughout the day of the inspection. It was clear that many of the residents, staff and visitors were familiar with one another, and often stopped to chat as they moved throughout the centre. The

inspectors spoke with a number of visitors, who praised the service provided. They said that it was "the best nursing home they had ever seen" and that the care provided to their loved ones was "excellent" and "outstanding".

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 inspection found that the residents accommodated in the centre were provided with good standards of care that were aligned to their assessed needs**.**

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

The registered provider is the Health Service Executive (HSE). There was a clearly defined management structure in place, which was well-established. The person in charge was a registered nurse who work full-time in the role and had the necessary experience and qualifications, as required by the regulations. They were supported in this role by a team of assistant directors of nursing (ADONs), clinical nurse managers (CNMs), nurses, multi-task attendants, catering, maintenance and administrative staff. There were clear lines of accountability and staff were knowledgeable about their roles and responsibilities.

There were management systems in place to ensure that the service was effectively monitored. A programme of audits was completed by the management team, which evaluated clinical and operational aspects of the service. These audits supported the identification of areas for improvement and contributed to the ongoing oversight and improvement of care practices within the centre.

There were appropriate systems in place for the management of residents' monies. However, while residents had consistent access to their money, inspectors found that residents were not provided with corresponding financial records, unless specifically requested. A small number of residents whose money was managed by the registered provider told inspectors that they wished to receive financial statements.

Meetings between the management team were held on a regular basis to review the service and to identify and monitor aspects of the service that required improvement. Meetings with staff also took place frequently to ensure that key

information was communicated effectively. Records of these various meetings were maintained by the management team and were available for review.

An annual review of the quality and safety of care delivered to residents in 2024 had been completed.

There were sufficient numbers of staff on duty on the day of the inspection to meet the assessed needs of the residents. Up-to-date rosters were available for review by the inspectors. These reflected the configuration of staff on duty. The management team advised that the registered provider was recruiting for a number of positions at the time of the inspection, but had sufficient resources to meet the current staffing requirements of the centre.

The inspectors reviewed a sample of staff files. These contained all of the information and documentation required by Schedule 2 of the regulations, including evidence of An Garda Síochána (police) vetting disclosures and nursing registration with the Nursing and Midwifery Board of Ireland (NMBI).

Staff were facilitated to complete mandatory training and additional professional development training, to ensure they were appropriately skilled to meet the residents' needs. For example, training in fire safety and safeguarding of vulnerable adults.

The provider maintained a suite of written policies and procedures in line with the regulations, such as those relating to staff training and development, health and safety and the management of complaints. These were made available for staff to review.

The provider maintained a policy and procedure on complaints. This had been updated since the previous inspection, and now reflected the requirements of Regulation 34, Complaints procedures. A complaints log was maintained by the person in charge, and records indicated that complaints were investigated comprehensively and promptly. All complaints had been resolved at the time of the inspection, and any subsequent action plans had been completed in full. There was evidence that areas of improvement identified through the management of complaints, was used to inform the quality of the service provided to residents.

Incidents were appropriately notified to the Chief Inspector of Social Services, within the required time-frame.

Regulation 15: Staffing

On the day of the inspection, the number and skill mix of staff was appropriate with regard to the needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had attended up-to-date mandatory training on moving and handling procedures, safeguarding residents from abuse, and fire safety. Staff had also completed additional training to ensure they had sufficient skills and knowledge to meet the residents' needs.

Staff were appropriately supervised according to their individual roles.

Judgment: Compliant

Regulation 23: Governance and management

The provider had established a clearly defined management structure that identified the lines of authority and accountability. They had ensured that sufficient resources were available to ensure the delivery of care, in accordance with the centre's statement of purpose.

There were management systems in place to ensure that the service was safe, consistent and appropriately monitored.

The provider had completed an annual review of the quality and safety of care provided to residents in 2024.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents was maintained in the centre. All incidents, as specified by the regulations, were notified to the Chief Inspector of Social Services within the required timescales.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the centre's complaints records demonstrated that complaints were managed, recorded and responded to, in line with the requirements of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the policies required by Schedule 5 of the regulations had been reviewed within the last three years and were made available to staff.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the care and support that residents received from the staff team was of a good quality, and that staff strived to ensure that residents were safe and well-supported. There was a person-centred approach to care, and residents' wellbeing and independence was promoted.

Care planning documentation was paper-based. Following admission, a range of clinical assessments were carried out using validated assessment tools. These were used to inform the development of care plans which addressed each resident's individual health and social care needs. The sample of care plans reviewed were found to be person-centred and were reviewed regularly. Progress notes reflected each resident's current health status.

There was evidence of regular communication with each resident's general practitioner (GP) regarding their health care needs. Arrangements were in place to refer residents to health and social care professionals for further assessment and treatment, as needed.

The centre had arrangements in place to support the provision of compassionate end-of-life care to residents, in line with their assessed needs and wishes. Records reviewed evidenced that the centre had access to specialist palliative care services for additional support and guidance, as needed.

There were systems in place to protect residents from abuse. There was a policy and procedure in place in relation to safeguarding, which guided staff practice. Staff also completed regular training in the prevention, detection and response to abuse. While there were clear processes in place for the safe storage and management of residents' personal monies or personal items, residents did not receive information

relating to their finances as frequently as they would wish. This is discussed under Regulation 12, Personal possessions.

Residents' rights were respected and residents were encouraged to make choices regarding their lives in the centre. Residents had access to local and national newspapers, television and radio. The residents had been facilitated to cast their votes in the recent presidential election. There were arrangements in place to ensure that residents were informed of, and were facilitated to access, advocacy services.

Visiting was found to be unrestricted, and residents could receive visitors in either their private accommodation or communal area, if they wished.

In relation to fire safety, the oversight arrangements for the evacuation of residents were not adequate. While drills were being completed by staff, these simulated evacuations did not did not fully reflect how residents would be evacuated from a fire compartment or the designated centre in the event of a fire, in relation to their accessed mobility needs. Therefore the provider had not ensured that residents could be safely evacuated in a timely manner using equipment and staffing resources available.

Regulation 12: Personal possessions

The provider managed social welfare payments for a small number of residents. While there were arrangements in place to support residents to access this money, the provider did issue statements to residents in relation to their finances, unless specifically requested to. Therefore the provider had not ensured that residents had full control over their finances as they could not maintain comprehensive knowledge of their financial activities.

Judgment: Substantially compliant

Regulation 13: End of life

There were systems in place to ensure residents approaching the end of life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. There was choice of meals available to residents from a varied menu that was on display and updated daily. The menu provided a range of choices to all residents including those on a modified diet. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that when a resident was temporarily absent from the centre for treatment, all relevant information was provided to the receiving service. Key information was obtained from this service upon the resident's return to the centre. Any discharges from the centre were managed in a planned and safe manner.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had made arrangements for regular fire drills to take place in the centre, whereby simulated evacuations were carried out by staff. However, a review of drill records and discussions with staff and management did not demonstrate that the provider had ensured that the persons working in the designated centre were fully aware of the procedure to be followed in the case of fire, in line with residents' assessed needs.

Judgment: Substantially 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 as needed, or at a minimum of every four months.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice, who provided timely medical assessments and treatment, as needed.

There were also arrangements in place to ensure residents had access to appropriate health and social care professional support to meet their needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had adequate knowledge and skills to respond to and support residents presenting with responsive behaviours. Arrangements were in place to ensure residents were appropriately assessed prior to initiating the use of restrictive practices and that it was implemented in line with national policy.

Judgment: Compliant

Regulation 8: Protection

A policy and procedure for safeguarding vulnerable adults at risk of abuse was in place. Staff had completed up-to-date safeguarding training and were knowledgeable of the processes in place.

Judgment: Compliant

Regulation 9: Residents' rights

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

Residents' rights and wishes were promoted by the registered provider. Residents were supported to vote, to attend religious services and to access independent advocacy services if needed. Residents' choices, personal routines and privacy were respected by staff.

Residents' feedback was sought in relation to the quality of the service including staffing, meals and activities.
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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially 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
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Anne's Community Nursing Unit OSV-0000632

Inspection ID: MON-0048813

Date of inspection: 07/11/2025

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 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: PIC will ensure that the residents who have PPP account will get a copy of monthly statements. We have also created a template to record each time the copy of statement is shared with resident.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions : The fire officer has been notified of the concerns raised. Staff are familiar with the procedures to be followed in the event of fire and are familiar with the evacuation needs of each resident. Ongoing Fire safety management training and fire drills in process incorporating each individual resident's needs.	

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/03/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are	Substantially Compliant	Yellow	31/03/2026

	aware of the procedure to be followed in the case of fire.			