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:	Clarinbridge Care Centre
Name of provider:	The Village Nursing Home Limited
Address of centre:	Ballygarriff, Craughwell, Galway
Type of inspection:	Unannounced
Date of inspection:	26 November 2025
Centre ID:	OSV-0000764
Fieldwork ID:	MON-0048933

About the designated centre

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

Clarenbridge nursing home is two storey in design and purpose built. The building is set in mature gardens and designed around a secure internal courtyard, some bedrooms have access to their own private garden space. It can accommodate up to 60 residents. It is located in a rural area, close to the villages of Clarenbridge and Craughwell and many local amenities. Clarenbridge nursing home accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, respite and convalescent care. It also provides care for persons with acquired brain and spinal injuries, dementia, mild intellectual disabilities, post orthopaedic surgery and post operative care. There is a variety of communal day spaces provided including a dining room, day room, conservatory, seated reception area, juice room, prayer room, hair dressing room, physiotherapy room, sensory room, adapted kitchen and a multi purpose room with large viewing screen on the first floor. Residents have access to a secure enclosed courtyard garden area as well as mature gardens surrounding the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	57

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
Wednesday 26 November 2025	09:30hrs to 17:00hrs	Una Fitzgerald	Lead
Wednesday 26 November 2025	09:30hrs to 17:00hrs	Sharon Kane	Support

What residents told us and what inspectors observed

Residents living in Clarinbridge Care centre told the inspectors that overall, they received person-centred care and support from a team of staff who were kind and respectful. Residents reported feeling safe in the centre and that staff did their best to safeguard them and uphold their rights. When asked about their experience of living in the centre one resident described the centre as "mighty". One resident told inspectors that they felt that staff are well trained. Another resident told inspectors that staff had made them feel very welcome, and although they were in for a short respite stay, they were very clear that they would not hesitate to be readmitted at a future date if the need arose.

On arrival to the centre, the inspectors completed a tour of the building, during which the inspectors observed the premises and care environment, spoke with residents and staff, and observed the interactions taking place between them. The centre was observed to be visibly clean.

The centre was a two-storey building and provided accommodation for 60 residents. Bedroom accommodation comprised of single and double bedrooms. Call bells were available in all areas, and were answered in a timely manner. Many bedrooms were personalised and decorated according to each resident's individual preference. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs. Communal areas included a large sitting room, a large dining room, and some smaller sitting rooms. In addition, residents had access to gardens. A number of residents stated that their bedrooms are cleaned daily.

The main dining room was a hub of activity. Along one wall was a long table that was laid out as a self service area for the residents to have their breakfast. There was a large selection of cereals, fresh fruit, and a variety of fresh pastries to choose from. Residents expressed a high level of satisfaction with regard to the quality and quantity of food they received, and confirmed the availability of snacks and drinks throughout the day. Meals were served to residents in the main dining room, and were attractively presented. Some residents attended the dining rooms while others chose to have their meals in their bedrooms. Staff were available to provide discreet assistance and support to residents. However, inspectors observed that some residents had meals served that were not in line with their care plans. This issue is discussed further under Reulation 18: Food and Nutrition.

Residents told the inspectors that they looked forward to the activities scheduled in the centre, as they were entertaining and enjoyable. This included arts and crafts, bingo and music activities. Residents were observed throughout the day in the various areas of the centre, and it was evident that residents' choices and preferences in their daily routines were respected. Some residents were relaxing in the communal areas, while other residents mobilised freely or with assistance

around the building. As the day progressed, residents were observed in the communal areas, watching TV and chatting to one another and staff, or participating in scheduled activities. On the day of the inspection there were extra staff on duty to support the residents in the decorating of multiple Christmas trees.

The inspectors observed that there were information notices on display for resident information including the details of advocacy services, and guidance on how to make a complaint. The centre was embedded in the community. Resident outings were an intregal part of the activities programme in place. For example, a number of residents had gone to the Galway races, a day trip to Knock shrine and a boat trip. In addition, shopping trips were organised weekly at resident requests. The centre had recently organised a fundraising event in support of the local hospice. Furthermore, a memorial service had been held in the centre and families of past residents had been invited.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability of the provider, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would enhance the daily lives of residents. The governance and management was well-organised and the centre was sufficiently resourced to ensure that residents were supported to have a good quality of life. In the main, the provider was delivering appropriate direct care to residents. However, the supervision of staff in the area of monitoring residents with complex care needs and the system in place to ensure all staff were knowledgeable of the nutritional needs of residents at risk of malnutrition was not in full compliance with the regulations.

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). Inspectors also reviewed monitoring notifications submitted by the provider to the Chief Inspector in relation to the safeguarding and protection of residents.

The Village Nursing Home Limited is the registered provider of the centre. The centre was registered to accommodate 60 residents. On the day of inspection, there was 57 residents living in the centre, with three vacancy. There were sufficient numbers of suitably qualified nursing, healthcare and household staff available to support residents' assessed needs. Within the centre, the person in charge was supported by three assistant directors of nursing, two clinical nurse managers, a team of nurses, healthcare assistants and support staff. The centre was adequately staffed and with an appropriate skill mix. Staff providing direct care were observed

to be kind and respectful in their interactions with residents. Staff spoken with had a clear understanding of their roles and responsibilities and demonstrated knowledge of the needs and interests of residents.

Record management systems consisted of both an electronic and a paper-based system. Records reviewed by the inspectors confirmed that training was provided through a combination of in-person and online formats. 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 management met weekly and all areas of care delivery was discussed. In the majority of audits completed there was clear evidence of quality improvement initiatives in place to improve the lived experience of residents and improve quality of life. Notwithstanding this positive finding, the inspectors found that the communication systems in place monitoring residents with complex care needs and residents at risk of malnutrition were not adequate. For example;

- records of safety checks for residents with complex care needs were not maintained in line with completed risk assessments.
- the system in place to ensure that residents received the recommended nutritional diet outlined in their care plan was inadequate.

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.

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. On the day of inspection, staff were appropriately trained.

Judgment: Compliant

Regulation 23: Governance and management

There was ineffective communication system of key clinical information to healthcare staff to ensure care was delivered in line with the residents' individual assessed needs and care plans. For example,

- records of safety checks for residents with complex care needs and residents who had complex challenging care needs were not maintained in line with completed risk assessments to ensure the residents safety. This is a repeated finding from th last inspection.
- Inspectors found that the communication system in place to ensure that all residents received specialist dietary meals as per their care plans was inadequate. For example, care plans highlighted that residents required high protein, high calorie diets. This information was not known to all staff involved in the preparation and serving of meals.

The provider had failed to implement the compliance plan from the previous inspection with regards to the fire safety issues.

Judgment: Substantially 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 policy which clearly outlined the process of raising a compliant. This process was on display in several places within the centre for residents and visitors to review. A review of the documented complaints found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

Judgment: Compliant

Quality and safety

In the main, residents health and social care needs were met to a satisfactory standard of care and support from a team of staff who knew their individual needs and preferences. Residents were satisfied with their access to health care. While the registered provider had taken some action to ensure residents safety in relation to fire safety, the actions taken were not sufficient to bring the service into full compliance with the regulations.

The provider had arrangements in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. Annual fire training had taken place. Staff spoken with were clear on what action to take in the event of the fire alarm being activated. However, outstanding maintenance works on eleven fire doors meant that the fire doors did not close fully while other doors were stuck on the floor when opened. This had the potential to impact on the containment of smoke and fire in the event of a fire emergency. This is a repeated finding from the last inspection in January 2025.

Resident care plans were accessible on a computer-based system. There was evidence that care plans were reviewed by staff at intervals not exceeding four months. Care plans were person-centred and found that sufficient information was recorded in the care plans to effectively guide and direct the care of the residents. For example, the inspectors reviewed the care of residents who were being actively treated for a wound. The care plans were appropriate, resident-centred and descriptive for the care required.

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. In the main, inspectors found that there was evidence that recommendations made by professionals had been implemented to ensure best outcome for residents.

Residents were provided with food choices for their meals and snacks, and refreshments were made available at the residents request. Daily menus were displayed in suitable formats, and in appropriate locations so that residents knew what was available at meal-times. There was adequate numbers of staff available to assist residents with their meals. However, as previously stated the communication system in place did not ensure that all residents received the high protein, high calories diet as advised by the dietitican.

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. Residents reported that they felt safe living in the centre.

Residents were consulted about their care needs and the overall quality of the service, through schedule resident meetings and surveys. Residents had access to advocacy services and information regarding their rights. Activities were observed to be plentiful and residents were seen to come and go to the sessions they wished to attend. Residents were seen to be enjoying the interactions with their peers and the staff in attendance. It was evident that the management team knew residents and their relatives well. Residents were consulted through opportunistic chats and formal residents' meetings. Resident meetings were held monthly. A resident survey was completed twice a year. It was evident that residents were consulted about their care, such as where they would like to spend their time, and the quality of food and activities. This ensured that residents' rights were upheld, such as having the right to freedom of expression, the right to complain, to hold opinions and to receive and impart information and ideas, particularly regarding the organisation of the service.

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

The person in charge held responsibility for the management of known risk. A risk register was maintained to identify, monitor and manage risks, with controls in place to manage risks such as the potential risk of abuse of residents, the use of restraint, and managing responsive behaviour.

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 18: Food and nutrition

There were inadequate arrangements in place to monitor residents nutritional needs, and residents at risk of malnutrition. Inspectors found were residents who had been assessed as in need of high calorie and high protein diet, this information was not known to all staff. This meant that the guidance on dietary requirements given by specialists was not always served to residents.

Judgment: Substantially compliant

Regulation 20: Information for residents

The inspectors found that information on the complaints procedure and advocacy services were on display. Residents spoken with said that they knew how to make a complaint should they wish to do so, and they knew how and when they could avail of external support, if required.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included all of the required elements, as set out in Regulation 26.

Judgment: Compliant

Regulation 28: Fire precautions

Inspectors found that outstanding maintenance works on eleven fire doors meant that the fire doors did not close fully while other doors were stuck on the floor when opened. This had the potential to impact on the containment of smoke and fire in the event of a fire emergency. This is a repeated finding from the last inspection in January 2025.

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 updated at regular intervals. A review of a new resident's records showed that a care plan had been developed within 48hrs of admission.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical assessments and treatment by their General Practitioners (GP).

Residents also had access to a range of health and social care professionals. Access to a physiotherapist and an occupational therapist was available five days a week.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents and protect them from the risk of abuse. These arrangements were supported by policies and procedures that guided staff practices and outlined the organisations response to safeguarding concerns. Residents reported that they felt safe living in the centre, highlighting the supportive and respectful manner in which staff engaged with them.

Judgment: Compliant

Regulation 9: Residents' rights

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice. Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they choose.

There were facilities for residents to participate in a variety of activities such as art and crafts, live music events, gardening, and exercise classes.

Residents attended regular meetings and contributed to the organisation of the service.

Residents were provided with information about services available to support them. This included independent advocacy services.

A variety of daily national and local newspapers were available to residents.

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	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clarinbridge Care Centre OSV-0000764

Inspection ID: MON-0048933

Date of inspection: 26/11/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Resident safety checks for individuals with complex care needs have been revised to ensure alignment with assessed needs and risk levels. These checks are now completed hourly and signed off by the Registered Nurse at the end of each shift. (Complete). • Revised handover communication protocol is now in place between nursing and catering staff. All resident-specific dietary requirements, including high-protein/high-calorie plans, are confirmed weekly or as needed by the nurse-in-charge and documented on the updated communication tool (Complete). • Training on high-calorie/high-protein diets was delivered to all chefs and catering staff on 27/11/2025. Attendance records have been completed, and follow-up education will be included in annual mandatory training (Complete). • Fire compliance action plan relating to outstanding fire door works has now been fully completed and verified by the maintenance team. (Complete).	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: • All catering staff received training on the provision of modified consistency diets and high-calorie/high-protein meals, ensuring alignment with residents' assessed nutritional needs (Complete). • A new system of communication between nursing and kitchen teams has been	

implemented. Dietary requirements are now clearly documented on a weekly dietary information sheet, signed by the nurse in charge and provided to the kitchen every week (Complete).
Monthly audits of nutritional documentation and catering compliance have been initiated by the ADON to ensure residents' dietary needs are consistently met and correctly implemented (Complete).

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The eleven fire doors requiring repair had been previously identified by the Maintenance Manager and Person in Charge before the inspection. All required remedial works were addressed as part of an ongoing maintenance programme and were completed by 06/12/2025.
• A post-repair verification was carried out by the Maintenance Manager to confirm that all fire doors are closing fully and operating without obstruction (Complete).
• A weekly visual and functional check of all fire doors is ongoing and documented by maintenance staff (Complete).

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 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	23/01/2026
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	Substantially Compliant	Yellow	23/01/2026

	effectively monitored.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	23/01/2026