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:	Caiseal Geal Teach Altranais
Name of provider:	Caiseal Gael Teoranta
Address of centre:	School Road, Castlegar, Galway
Type of inspection:	Unannounced
Date of inspection:	30 July 2026
Centre ID:	OSV-0005491
Fieldwork ID:	MON-0048911

About the designated centre

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

Caiseal Geal Teach Altranais is a purpose built facility located in Castlegar, Co Galway. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed on three levels. There are two floors designated for residents, each having communal areas, including dining rooms and sitting rooms in addition to residents' bedrooms. The first floor has a spacious sun terrace accessed from the day room and leading to an enclosed courtyard and gardens. Both floors have lift access to and from residents' own areas. Resident bedrooms and living accommodation is on the second and third level. There are 34 single bedrooms and four double bedrooms. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41

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
Thursday 30 July 2026	09:00hrs to 17:30hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in Caiseal Geal Teach Altranais spoke positively about their quality of life and expressed high levels of satisfaction with the service provided. Residents described the centre as a relaxed, safe and homely place to live, where they felt well-cared for and supported by staff.

The inspector completed a walk-though of the centre accompanied by the person in charge. The centre was bright, spacious and comfortable furnished, with communal areas decorated with artwork and craftwork completed by residents. A number of pieces of artwork displayed throughout the centre had been donated in memory of residents who had previously lived there.

Residents were observed enjoying breakfast in the dining room, and in their bedrooms, according to their preferences. Throughout the morning, some residents were reading the newspaper, other residents were listening to the radio, while others relaxed in the day room or prepared to participate in the planned activities for the day. Residents and staff were looking forward to the forthcoming Ladies' Day celebration for the Galway Races, and there was a warm and cheerful atmosphere throughout the centre. Throughout the day, several residents independently accessed the enclosed garden to enjoy the fine weather, while others chatted with staff who were carrying out routine garden maintenance.

Residents who spoke with the inspector consistently described the staff and management in positive terms and said they felt respected and well-supported. Residents reported that staff were attentive to their needs and treated them with kindness and dignity. While some residents stated that they occasionally experienced delays in receiving assistance during periods of unplanned staff absence, they were understanding of the reasons for these delays and confirmed that staff always responded to their requests for assistance.

Residents expressed their satisfaction with their bedroom accommodation and were satisfied with the storage facilities for their personal clothing and possessions. Resident’s personal clothing was laundered on-site. Residents expressed their satisfaction with the service provided, and described how staff returned their laundry to their bedroom frequently throughout the week.

The dining experience was observed to be a pleasant, sociable and relaxed occasion for residents. Residents had a choice of meals from a menu that was updated daily. Staff were observed to provide assistance and support to residents in a person-centred manner. Staff were also observed attending to residents in their bedrooms to provide support during mealtimes.

Residents' bedrooms and the main communal areas were observed to be visibly clean and well-maintained. However, some ancillary areas, including the laundry and

sluice room, were not maintained to the same standard of hygiene. The inspector also observed cleaning practices that did not support effective infection prevention and control.

The inspector observed that some storage areas were cluttered and not appropriately organised. In particular, combustible items and other materials were stored in an area containing electrical equipment.

There was a busy and sociable atmosphere in the centre throughout the day. A programme of activities was available and residents were observed attending both group and individual activities. There was considerable excitement centred around preparation for a party in the afternoon. Residents were involved in preparing decorations and displays for the event, and the dayroom had been decorated in preparation for the celebration. Music and conversation could be heard in the communal areas, and residents gatehred together and engaged easily with staff and one another.

There were notice boards at the main reception area that displayed a variety of information for residents. This included information on safeguarding services, advocacy, complaints procedure, and the daily activities schedule. Residents also said that they felt their opinions were listened to at residents' meetings and that their rights were respected.

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

Capacity and capability

This was an unannounced inspection, carried out over one day, by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The findings of this inspection were that, while there was generally a high level of compliance across the regulations reviewed, some areas of governance were not fully aligned with the requirements of the regulations. For example, the management structure in place was not consistent with the arrangements set out in the provider's statement of purpose, resulting in reduced management resources to support the effective oversight of the service, to monitor the implementation of key operational systems, and to identify, assess and manage risks to residents.

Caiseal Gael Teoranta is the registered provider of Caiseal Gael Teach Altranais, a company comprised of three directors. The centre was managed by a person in charge who was supported by an assistant director of nursing and a clinical nurse manager. Collectively, they were responsible for the operational and clinical

oversight of the centre. However, the provider had not maintained the management structure in accordance with the arrangements described in the statement of purpose. In particular, the clinical nurse manager resources available within the centre were not aligned with the stated management structure, as one clinical nurse manager post was vacant and the remaining clinical nurse manager role was not being fulfilled on a full-time basis. As a result, the management resources to supervise the service were reduced, which impacted on the provider's capacity to maintain effective oversight of all aspects of the service.

The provider had established management systems to monitor the quality and safety of the service provided to residents. A programme of clinical and environmental audits was in place and audits were completed in accordance with a scheduled audit plan. Audit activity encompassed a range of areas including care practices, fall management, end-of-life care, staff training and fire safety. While audit processes were effective in identifying areas of the service that required quality improvement, and action plans were developed in response to identified deficits, the systems to monitor the implementation and sustainability of these actions were not fully effective. This was evidenced by the recurrence of some fire safety risks that had previously been identified and corrected through the provider's audit process.

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The risk management systems were informed by an up-to-date risk management policy. However, the policy was not fully implemented in practice, as known risks were not always assessed and subject to appropriate risk management measures. This included the reduced management resources within the centre.

There were systems in place to record, investigate, and learn from incidents involving residents. A review of incidents involving residents found that one incident had not been notified to the Chief Inspector, as required by the regulations.

Records were securely stored, readily accessible and made available for inspection. Staff personnel records were maintained in line with the requirements of Schedule 2 of the regulations. However, some records required under the regulations were not comprehensively maintained, including records relating to the care of residents, and one record relating to a complaint.

The number and skill-mix of staff were appropriate to meet the assessed needs of the residents. Staff were observed to be responsive to residents' needs throughout the inspection.

Staff were facilitated to attend training appropriate to their role. Mandatory training, including fire safety, safeguarding vulnerable adults, and supporting residents living with dementia, was up-to-date. Staff spoken with during the inspection demonstrated an appropriate knowledge of their roles and responsibilities in these areas.

While formal staff supervision arrangements were in place, they were not fully effective to ensure that care practices and operational procedures were

implemented in line with the provider's policies. This was evidenced by findings in relation to infection prevention and control and the oversight of clinical care records.

Regulation 15: Staffing

There was adequate staff available to meet the needs of the current residents taking into consideration the size and layout of the building. There were satisfactory levels of health care staff on duty to support nursing staff. The staffing compliment included cleaning, catering, activities and administration staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff supervision arrangements were not fully effective to protect and promote the care and welfare of residents. This was evidenced by ineffective supervision of staff to maintain care records, and staff allocated to the cleaning process in the centre, and infection prevention and control practices.

Judgment: Substantially compliant

Regulation 21: Records

The management of records was not fully in line with the regulatory requirements. For example;

- Records of on-going medical assessment, treatment and care were not consistently maintained, as required by Schedule 3(4)(e) of the regulations. For example, records of diagnostic tests in relation to multi-drug resistant organisms were not maintained for a small number of residents.
- The record maintained in respect of a complaint did not fully document the review undertaken, the findings of the review, and the actions arising from the complaint.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management resources within the centre did not reflect the arrangements set out in the centre's statement of purpose. One clinical nurse manager post was vacant, one was not being fulfilled on a full-time basis, and a third clinical nurse manager had been on statutory leave since January 2025 and had not been replaced. Consequently, the management resources identified by the provider to support the operational and clinical oversight of the service were not fully in place.

Management systems were not fully effective to ensure that the service provided was effectively monitored. For example;

- The systems in place to monitor infection prevention and control did not ensure that appropriate standards were consistently maintained throughout the centre or identify deficits in this aspect of the service.
- While the audit programme identified areas for improvement, the governance arrangements for monitoring actions arising from audits did not ensure that improvements were consistently implemented and sustained. For example, actions in relation to the management of storage areas were not subject to ongoing monitoring to ensure fire safety risks were reduced.
- The systems in place for the identification and management of risk were not fully effective. For example, the potential risks associated with locked areas of the centre, where staff did not have ready access to keys, had not been identified as a fire risk or appropriately assessed.

Judgment: Substantially compliant

Quality and safety

Residents reported enjoying a good quality of life in this centre. The residents' quality of life was enhanced by a team of staff who cared for them in a respectful and person-centred manner, and who knew their personal care needs and preferences. Social care was observed to be delivered to a high standard. Residents spoke positively about feeling safe and about their access to general practitioner services. Social care was observed to be delivered to a high standard. However, the inspector found that monitoring arrangements within the centre were not consistently effective, and this impacted on the safety of the care environment, particularly in relation to infection prevention and control.

Residents bedrooms were observed to be visibly clean and well-maintained. However, a high standard of environmental hygiene and cleanliness was not maintained in all areas of the centre. In addition, the environmental cleaning procedure and practices were not aligned with infection prevention and control best practices.

A sample of six residents' nursing care records were reviewed. Care plans reflected the individual assessed needs of residents and the interventions required to meet

the needs of residents. Care plans were updated every four months, or as changes occurred. Daily progress notes demonstrated appropriate monitoring of the residents care needs and the effectiveness of the care provided.

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. Residents were provided with appropriate access to medical and health care services.

Residents' communication needs were assessed and documented, and suitable communication aids and supports were available, where required. Staff demonstrated a good awareness of residents' individual communication needs and adapted their approach to promote effective communication and resident engagement.

Arrangements were in place to ensure that residents had access to pharmaceutical services and that medicines were managed in accordance with professional guidance and legislative requirements.

There were arrangements in place to safeguard and protect residents from the risk of abuse. A safeguarding policy detailed the roles and responsibilities of staff, and the appropriate steps to take, should a concern arise.

Residents rights were promoted and respected in the centre. Residents were supported to exercise choice and independence in their daily lives, and were encouraged to participate in decisions about their care and the running of the centre. Residents had opportunities to engage in meaningful social activities in accordance with their interests and preferences, and there was evidence that their privacy, dignity and individuality were respected by staff.

Regulation 10: Communication difficulties

The registered provider had arrangements in place to ensure residents who experienced communications difficulties were appropriately assessed. Staff demonstrated an appropriate knowledge of each residents communications needs, and the aids required by some residents to support their needs, in line with the residents individual care plan.

Judgment: Compliant

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 27: Infection control

The provider did not fully meet the requirements of Regulation 27, Infection control and the National Standards for infection prevention and control in community services (2018). For example;

- While a system was in place to identify and manage residents who had a multi-drug resistant organism (MDRO), this system was not consistently implemented in practice. Staff were not always aware of residents who required additional infection prevention and control precautions, which posed a potential risk of cross infection. The implementation of this system was not subject to adequate monitoring to ensure it was being effectively applied in practice.

The environment was not always managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- The environmental cleaning procedure did not reflect current infection prevention and control best practice and directed staff to undertake cleaning practices that increased the risk of cross contamination and infection.
- Staff were not suitably trained regarding the use of cleaning and disinfection chemicals.
- A number of areas within the centre, including catering staff facilities, the laundry and sluice room, were unclean.
- The laundry chute had not been incorporated into the routine cleaning schedule, and was visibly unclean. The posed a risk of cross contamination.
- Residents' records did not provide sufficient detail regarding residents' infection status or the infection prevention and control measures required to safely manage their care.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Appropriate arrangements were in place to ensure the safe management of medicines. Residents had timely access to medical and pharmacy services, and

medicines were prescribed, stored, administered and reviewed in accordance with professional guidance and regulatory requirements.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

All residents had an assessment of their health and social care needs completed and a care plan was in place to address the needs of the residents.

The provider ensured that care plans were implemented and reviewed, in line with the changing needs of the residents, and regulatory requirements.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical assessments and treatment by their General Practitioners (GP), and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals through a system of referral. There was evidence that the recommendations of health and social care professionals were implemented to ensure best outcomes for residents.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and 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.

The provider had arrangements in place to ensure residents' pensions and social welfare payments were managed in line with best practice guidance.

Judgment: Compliant

Regulation 9: Residents' rights

Staff ensured that residents' rights were upheld in the designated centre. Staff were observed to engage in positive, person-centred interactions with residents.

There was an activity schedule in place. Residents were observed to be socially engaged throughout the day of the inspection. There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Records of resident meetings reviewed by the inspector showed that relevant topics were discussed including mealtimes, staffing, and activities.

Residents were provided with information on the facilities and services available to support them. This includes details of independent advocacy services and educational information on equipment available to support their needs.

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	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	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 Caiseal Geal Teach Altranais OSV-0005491

Inspection ID: MON-0048911

Date of inspection: 30/07/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Cleaning SOPs, Chemical Agent guidelines, and a dedicated New Starter Cleaning Training SOP have been redesigned. All cleaning staff have completed training on chemical safety, and correct room cleaning to prevent infection transmission, with all records documented in the Cleaning Folder. These procedures are being monitored by daily scheduled spot checks by PIC, ADON and designated IPC lead. IPC lead is rostered one day per week to implement, check, and monitor operational and cleaning procedures. Nurses and senior carers have all been informed of the location of keys for all areas of the centre and this information has been added to induction material. 11/09/26	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: A Multi-Drug Resistant Organisms (MDRO) SOP has been created, approved, and implemented to standardise diagnostic and care record management. Complaint management procedures have been reiterated and staff retrained on correct handling. The DON conducts ongoing reviews to ensure complaints are fully documented	

in the required format, including review findings and action taken. DON/ADON regular meetings to ensure each complaint is fully documented, reviewed and acted upon within the required timeframe.

A comprehensive MDRO SOP has been established and implemented across the centre to ensure clarity around resident records and infection control measures.
A diagnostic test was carried out for the resident and care-plan updated with result (negative). All residents' care plans have been reviewed to ensure they contain sufficient detail regarding residents' infection status and control measures.

Completion Date: 11/09/2026

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Management resources are fully restored to align with the Statement of Purpose (DON, ADON, and 3 CNMs, including the CNM IPC Lead).

Additional time has been allocated to the IPC lead to ensure that IPC systems and practices are effectively monitored and improved.

Daily checks now explicitly inspect ancillary and storage areas. The Monthly Health & Safety Checklist has been updated to include these zones, with any identified issues immediately logged for maintenance. Identified fire risk areas have been addressed with proper corrective action completed.

There is now a regular governance meeting between the PIC and ADON to improve the monitoring of governance systems and processes. This will include: Audits, IPC, Notifications, Risk Assessments, Complaints, Training and Supervision.

Completion date: 11/09/2026

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The IPC lead now has a dedicated shift for monitoring and improving IPC systems. The daily handover sheet has been updated to ensure that staff are being informed at each handover if there is a resident with a MDRO.

Ancillary areas (laundry room, sluice room, staff changing rooms, and break room) have been deep cleaned, remain on daily cleaning schedules, and are now added to the deep clean schedule. Storage areas of the centre have since been organised and decluttered. The electrical room has been re-organised and inappropriate items removed.

The laundry chute is now included in the daily cleaning schedule.

New SOPs for Cleaning Assistants covering resident rooms, staff areas, corridors, and public areas have been implemented. Updated SDS and individual 1-page Chemical Agent sheets detailing dilution ratios, PPE, handling, and disposal have been created for every chemical. Oversight and monitoring are maintained by the CNM IPC Lead.

All cleaning staff have completed training on chemical safety, and correct room cleaning to prevent infection transmission, with all records documented in the Cleaning Folder.

Completion Date: 11/09/2026

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	11/09/2026
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	11/09/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	11/09/2026
Regulation 23(1)(d)	The registered provider shall ensure that management	Substantially Compliant	Yellow	11/09/2026

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Not Compliant	Orange	11/09/2026
Regulation 27(c)	The registered provider shall ensure that staff receive suitable training on infection prevention and control.	Substantially Compliant	Yellow	11/09/2026