



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

Issued by the Chief Inspector

Name of designated centre:	Garbally View Nursing Home
Name of provider:	Garbally View Nursing Home Ltd
Address of centre:	Brackernagh, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	02 March 2026
Centre ID:	OSV-0000343
Fieldwork ID:	MON-0049766

About the designated centre

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

Garbally View nursing home is a two-storey building developed from a family home in 1992. Garbally View is situated in the relatively busy town of Ballinasloe. The nursing home is located near restaurants, hotels, pubs, libraries and community halls. The centre has secure landscaped gardens that are fully accessible to residents. Garbally View can accommodate up to 36 residents in both single and double rooms. The centre caters for all residents over the age of 18 years for short or long term care. The centre provides care for residents who are assessed as having low, medium, high or maximum care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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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
Monday 2 March 2026	09:30hrs to 17:00hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

Residents living in this centre received a good standard of care and were supported to live a good quality of life, by a team of staff who knew their individual needs and preferences. The inspector spoke with multiple residents, and feedback statements made by residents included "Im happy as anything, this is my home" and "I cannot find any fault". A resident told the inspector that the staff knew their needs and showed interest in their wellbeing. Residents stated that they "have a good laugh with the staff". A number of residents said that the location of the centre in Ballinasloe town meant that regular walks and outings to local events helped them feel connected to their community. Residents appeared at ease in the company of staff and management.

This unannounced inspection was completed over one day. The designated centre is a two-storey facility which is registered to provide accommodation for 36 residents. There were 36 residents accommodated in the centre on the day of the inspection.

Following an opening meeting with the person in charge, the inspector completed a walk around the centre observing the care provided to residents, talking with residents and staff, and reviewing the residents' living environment. The premises had a warm and welcoming feel. The inspector observed that the centre was clean. On-going maintenance was in place. Residents' bedroom accommodation consisted of single and double bedrooms, many of which had ensuite facilities. The size and layout of bedrooms was appropriate for the current residents' needs, and ensured their privacy and dignity. Call-bells were available in all areas and were observed to be answered in a timely manner. There were adequate facilities available for residents to store their personal belongings, and residents had access to facilities for the safekeeping of their valuables.

There were a number of communal areas available to residents throughout the centre for rest and recreation, including two large day rooms and a dining room. There was sufficient space available for residents to meet with friends and relatives in private should they wish to.

Throughout the day, the inspector spent time observing staff and resident interactions in the various areas of the centre. The majority of residents were up and about, relaxing in the communal areas or mobilising freely through the centre. A small number of residents were observed enjoying quiet time in their bedrooms. In the main, communal areas were appropriately supervised and those residents who chose to remain in their bedrooms were supported by staff. While staff were busy assisting residents with their needs throughout the day, care delivery was observed to be unhurried and respectful. There was a very warm, convivial atmosphere throughout the centre and residents appeared comfortable in their surroundings. Friendly, familiar chats could be heard between residents and staff. It was evident that residents were supported by staff to spend the day as they wished. The

inspector observed that personal care was attended to in line with residents' wishes and preferences. Staff who spoke with the inspector were knowledgeable about residents and their needs.

The centre provided residents with access to adequate quantities of food and drink. Residents had a choice of meals from a menu that was updated daily. Snacks and refreshments were available throughout the day. Residents were complimentary about the quality of the food provided. There were adequate numbers of staff available to residents that required assistance. However, the inspector observed some poor practice in relation to the supervision of the mealtime experience for residents. For example; not all residents that required assistance with their meal received help in a timely manner. The inspector observed dinners being left in front of residents for up-to ten minutes prior to assistance being made available. In addition, the inspector observed staff leave midway through the meal to provide care to other residents returning at a later stage.

The inspector spoke with a number of residents throughout the day. Residents were happy to chat, providing an insight into their life in the centre. Residents said that they were happy with life in the centre and that they felt safe and well-looked after. One resident stated that "you will have to travel Ireland to find a better nursing home" followed by the comment "I cannot find any fault. There were a number of residents who were unable to speak with the inspector and were therefore not able to give their views of the centre. However, these residents were observed to be comfortable in their environment.

Residents said that they had choice in how they spent their day and that there were opportunities to take part in recreational activities should they wish to. There was an activities schedule in place, seven days a week, which provided residents with opportunities to participate in a choice of activities throughout the day. The activities were given a high level of importance. Resident outings were an integral part of the activities programme in place. The centre was embedded in the community. Photographs of recent events and outings were on display. In conversation with one resident the inspector was told that the staff celebrate every occasion with enthusiasm and that the centre loves a party. For example, the resident was eagerly awaiting Saint Patrick's day as music and Irish dancing was to be held in the centre. Residents attended weekly meetings and were well informed on the daily operations of the centre. On the day of inspection, the inspector observed residents enjoying a variety of activities including exercise and a lively quiz. Staff were available to support residents and to facilitate residents to be as actively involved in activities as they wished.

There were information notices on display for resident information including the details of advocacy services, and guidance on how to make a complaint.

Friends and families were facilitated to visit residents, and inspectors observed many visitors coming and going throughout the day.

In summary, residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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 unannounced inspection was carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). The provider had submitted an application to renew the registration of the centre, and the detail of this application was reviewed on this inspection.

Overall, this inspection found that the provider was compliant over most regulations reviewed, however, issues relating to the maintenance of fire doors, identified on previous inspections on this centre, and arrangements for safe evacuation of residents in the event of an emergency, had not been fully addressed.

Garbally View Nursing Home Limited is the registered provider of the centre. The centre is a family-run nursing home and a director of the company worked full time in the centre. The person in charge also worked in the centre on a full-time basis and was supported in their role by a nurse manager, a team of nursing staff, healthcare assistants, activities staff, laundry, catering and maintenance staff. This structure was found to be effective. Teamwork was evident throughout the day. The lines of accountability and responsibility were clearly defined. Furthermore, residents were familiar with the management team.

The provider had established management systems in place to ensure ongoing monitoring and oversight of the service delivered within the centre. For example, a review of the overall staffing numbers on duty resulted in an increase of five hours per day in the morning allocation of healthcare assistants and an increase in the allocation of a member of staff to coordinate activities from six days a week to seven days a week.

The management met daily to discuss all operational and clinical issues. Formal management meetings were held monthly. A statement of purpose outlining the service was available and accessible to residents. A range of clinical and environmental audits had been completed. The completed audits were then used to ensure that action plans were created to drive quality improvement.

The centre had an incident management system in place where all incidents were recorded. This system facilitated the recording, investigation, and review of incidents, including the identification of outcomes and learning.

The provider had systems in place to ensure that records, set out in the regulations, were available, safe and accessible, and maintained in line with the requirements of the regulations. For example, staff files contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

The inspector reviewed a sample of the resident contracts in place for the provision of services. The contracts detailed the terms on which they resided in the centre and all associated fees. In addition, the provider had an insurance policy in place in line with regulatory requirements.

Records reviewed confirmed that training was provided through a combination of in-person and online formats. Records evidenced that all staff had completed role-specific training in safeguarding residents from abuse, manual handling, infection prevention and control, the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and fire safety.

The person in charge held responsibility for the review and management of complaints. At the time of the inspection, all logged complaints had been resolved and closed.

Registration Regulation 4: Application for registration or renewal of registration

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

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was 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

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was in place and contained the information specified in paragraph three of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, were stored securely and readily accessible. The inspector reviewed a number of staff personnel records, which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations

Judgment: Compliant

Regulation 22: Insurance

The provider had a contract of insurance in place against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not ensured that the systems in place to ensure the quality of the service was fully effectively. For example;

- the system in place for the supervision of the mealtime experience for residents.
- the fire safety management systems did not fully meet the requirements of the regulations.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of a sample of contracts for the provision of services confirmed that residents had a written and signed contract of care which clearly outlined the service to be provided and the fee charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the information required under Schedule 1 of the regulations. This included information on the centre's registration details, services and facilities, management and staffing, and how people's wellbeing and safety are protected.

Judgment: Compliant

Regulation 34: Complaints procedure

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

Judgment: Compliant

Quality and safety

Residents were satisfied with the care provided in Garbally View Nursing Home and spoke positively about the support they received from staff. The inspector observed that residents' rights and choices were upheld. Staff were respectful and courteous with residents. Notwithstanding the positive findings, the provider had not taken adequate steps to address the findings of the last inspection in May 2025 specific to

the gaps under fire doors resulting in a repeated non compliance under Regulation 28: Fire precautions.

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, fire doors along the main corridor when closed had significant gaps at the bottom which meant that there was a risk that in the event of a fire, smoke would not be contained and this was a risk to resident safety. This is a repeated finding from the last inspection in May 2025. In addition, an emergency exit on the ground floor directed residents to an exit that was locked and not connected to the fire alarm system. This was a risk in the event of a fire as residents would not be able to exit the centre through this door.

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

Residents had access to medical assessments and treatment by their general practitioners. Arrangements were in place for residents to access the expertise of health and social care professionals when required. From the sample of files reviewed, it was evidenced that recommendations from health and social care professionals were implemented to improve residents' health and well being.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had detailed person-centered care plans in place. Interactions observed between staff and residents was observed to be person-centred and non-restrictive.

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.

The inspector observed that residents' rights and choices were upheld, and their independence was promoted. Residents were free to exercise choice in their daily lives and routines. Residents could retire to bed and get up when they chose.

Opportunities to participate in recreational activities in line with residents' choice and ability were provided. Residents were supported to meet together and to consult with management and staff on how the centre was organised as evidenced by the minutes of resident meetings. As an additional support for residents there was an in-house resident council that met with the management team on a monthly basis to bring any suggestions to the attention of the management team.

The design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The environment and equipment used by residents were visibly clean and the premises was generally well-maintained. Residents were supported to decorate their bedrooms with personal items, such as ornaments and photographs, to help them feel comfortable and at ease in the home. In addition, bedrooms has adequate space for the storage of their personal items.

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

A director of the company in partnership with the person in charge held responsibility for the management of 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

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Inspectors found that residents living in the centre had appropriate access to, and maintained control over, their personal possessions.

Judgment: Compliant

Regulation 17: Premises

The designated centre provided appropriate facilities for the number of residents and their assessed needs, in accordance with the statement of purpose. On going maintenance and upkeep of the premises was in place.

Judgment: Compliant

Regulation 20: Information for residents

The inspector 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

Fire safety management systems did not fully meet the requirements of the regulations. For example;

- A number of fire doors when closed had significant gaps. This meant there was a risk that smoke would not be contained in the event of a fire. This is a repeated finding from the May 2025 inspection.
- The inspector observed an exit emergency sign above a door that was locked with a bolt that was not connected to the fire alarm system. In the event of a fire this exit sign could cause confusion to residents.

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 appropriate medical and allied health care professionals to meet their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

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

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding had access to training and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse.

The provider has systems in place to support residents in the management of their monies.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' rights were respected and that they were supported to exercise choice and control in their daily lives. Residents told inspectors

that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

There were facilities for residents to participate in a variety of activities such as art and crafts, live music events, computer classes, 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	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 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Garbally View Nursing Home OSV-0000343

Inspection ID: MON-0049766

Date of inspection: 02/03/2026

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>Management have examined the safe systems of work to ensure adequate supervision is in place at mealtimes.</p> <p>]</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All doors have now been checked, and all seals are in place ensuring there is no gaps The lock has been removed from the relevant door and exit sign has been covered and will removed.</p> <p>]</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 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	04/03/2026
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	06/03/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	03/04/2026