



**Health
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

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| 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: | 23 May 2025 |
| Centre ID: | OSV-0000343 |
| Fieldwork ID: | MON-0047216 |

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.

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| Number of residents on the date of inspection: | 36 |
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|--------------------|----------------------|----------------|------|
| Friday 23 May 2025 | 09:15hrs to 16:50hrs | Una Fitzgerald | Lead |

What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in this centre were well cared for and supported to live a good quality of life, by a dedicated team of staff who knew them well. Residents were highly complimentary of the direct care received and stated the staff were kind and attentive to their needs. When asked about the staff delivering the care, residents described them as "their saviours" and that the staff "have a gift". The residents spoke very highly of the management team in the centre. Staff were observed to deliver care and support to residents which was person-centered and respectful, and in line with their assessed needs.

On entering the centre there was a relaxed atmosphere. The reception area was inviting and was decorated to a high standard. There was a welcoming feel to this area with comfortable seating available to sit and relax. The inspector observed this area was used by individual residents and families. There was a calm and friendly, atmosphere in the centre throughout the inspection

The centre provided accommodation for 36 residents. The premises was laid out to meet the needs of residents, and to encourage and aid independence. The centre was visibly clean, tidy and well-maintained. Call bells were available in all areas. All communal areas were found to be appropriately decorated, with communal areas observed to be suitably styled and furnished to create a homely environment for residents. Bedroom accommodation comprised of single and double bedrooms. 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, photographs and items of furniture brought in from home. There was safe, unrestricted access to outdoor areas for residents to use. These areas included manicured gardens. Residents spoke about the many events and celebrations that were held outdoors and that the gardens were an important part of their lives in the centre.

Residents told the inspector that they looked forward to activities scheduled in the centre, as they were entertaining and enjoyable. Residents told the inspector about the variety of activities they could choose to attend. One resident described the activities as "mighty". The activities staff were observed engaging with residents throughout the inspection. There was a high level of importance given to exercise and the need for residents to remain mobile. At the entrance to one of the communal day rooms there was a stationary exercise pedal bike that was observed to be in use by multiple residents throughout the day. Residents also frequently attended a local activity centre where bike rides on tricycles was facilitated.

Residents told the inspector about an outing that had taken place the day prior to the inspection and one resident told the inspector they had "thoroughly enjoyed the days outing". The residents described the fun that was had and were looking forward to the next outing.

Residents spoke positively about their experience of living in the centre. They said that staff respected their choices and treated them with dignity and respect. Residents said that staff were very kind and always provided them with everything they needed to live comfortably. The inspector observed that there were multiple information notices on display for resident information including the details of advocacy services and how to make a complaint. Residents said that they felt safe, and that they could freely speak with staff if they had any concerns or worries. Weekly resident meetings were held. Education sessions were held with residents. For example, the activities staff had held an education session on the recent changes made to the regulations. Ongoing tutorial sessions were held on supporting residents to use the in-house laptop and electronic tablets which were available for resident use.

During the morning, staff were observed to respond to residents requests for assistance promptly. Staff paced their work so that they had time to engage socially with residents, when providing care. Staff were observed giving residents choice. Residents described how staff were prompt to answer their call bells and reported that they were not rushed by staff.

The dining experience was observed to be a social, relaxed occasion, and the inspector saw that the food was appetising and well-presented. Residents were provided with wholesome and nutritious food choices for their meals and snacks, and refreshments were readily available. Menus were developed in consideration with residents' individual likes, preferences and, where necessary, their specific dietary requirements. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently. Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of food.

Residents expressed their satisfaction with the laundry service provided, and described how staff took care with their personal clothing and returned it promptly to their bedroom.

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

This inspection found that this was a well-managed centre, and that the quality and safety of the service provided to residents was of a high standard. The findings reflected a commitment from the provider to ongoing quality improvement that would continue to enhance the daily lives of residents. Residents, relatives and staff

spoken with reported that the management team had a strong presence in the centre and were approachable and responsive to requests.

This was a one day unannounced inspection, carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended).

The registered provider of this designated centre was Garbally View Nursing Home Limited. A director of the company represented the provider entity. There was a clearly defined management structure in place. There was a team of nurses, health care assistants, catering, housekeeping, activity and maintenance staff. All staff were aware of the lines of authority and accountability within the organisational structure.

Policies and procedures, required by Schedule 5 of the regulations, to guide and support staff in the safe delivery of care, were available to all staff. There were systems in place to monitor the quality and safety of the service. A programme of audits was completed by the person in charge. Audit findings were analysed and informed the development of quality improvement plans, which were monitored to ensure all actions were completed in a timely manner. The provider also monitored quality of care indicators such as wound management, restrictive practices in use and falls management to identify any trends or areas of improvement. These were discussed at management meetings.

There was evidence of effective communication systems in the centre. Minutes of meetings reviewed showed that a wide range of relevant issues were discussed. The inspector found there was a strong focus on ensuring that residents were satisfied with the service received. This information was gathered through weekly resident meetings.

There were sufficient numbers of staff on duty on the day of the inspection to meet the assessed needs of the residents. The inspector reviewed a sample of staff files. At the time of inspection, the files contained all of the information and documentation required by Schedule 2 of the regulations. Newly recruited staff completed an induction programme.

There was an up-to-date policy in place for the management of complaints. Records demonstrated that complaints documented within the centre's complaint log were managed in line with the requirements of Regulation 34: Complaints procedure.

Regulation 15: Staffing

A review of the rosters found that there was adequate staffing levels in place to meet the needs of the residents, and for the size and layout of the centre.

Judgment: Compliant

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| Regulation 16: Training and staff development |
| Staff had access to, and had completed training, appropriate to their role. Staff spoken with were knowledgeable regarding the residents support needs. |
| Judgment: Compliant |
| Regulation 19: Directory of residents |
| The directory of residents contained all 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 23: Governance and management |
| There were management systems in place to ensure that the service was safe, consistent and appropriately monitored. The provider had established a clearly defined management structure that identified the lines of authority and accountability. The centre was sufficiently resourced to ensure the delivery of care, in accordance with the centre's statement of purpose. |
| Judgment: Compliant |
| Regulation 34: Complaints procedure |
| |

A review of the logged complaints found that concerns were promptly managed and responded to, in line with regulatory requirements. The satisfaction level of the complainant was recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place, available to staff and updated, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Residents living in the centre received a high standard of direct care and support which ensured that they were safe, and that they could enjoy a good quality of life. There was a person-centred approach to care, and residents' wellbeing and independence was promoted. This inspection found that fire precautions was not fully in line with the requirements of the regulations.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. A summary of residents' Personal Emergency Evacuation Plans (PEEP) were in place for staff to access in a timely manner in the event of a fire emergency. Fire drills were completed to ensure staff were knowledgeable and confident with regard to the safe evacuation of residents in the event of a fire emergency. However, the inspector found that multiple fire doors 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.

Residents reported that they felt safe living in the centre. 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. The provider had systems in place to safeguard all residents, including a committee to ensure that safeguarding was an ongoing agenda item discussed at management meetings. Safeguarding was also discussed at resident meetings. Information leaflets and posters were freely available for resident information. Staff advised that there were no safeguarding concerns at the time of inspection.

Residents had an assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes were then used to develop an individualised care plan for each resident which addressed their individual health and social care needs. The documentation of resident care assessments and care planning in place guided the staff in relation to the delivery of care for all residents. Daily progress notes were recorded and detailed the current health care status of all resident files reviewed. Residents were familiar with their care plans, and there was clear evidence of consultation between the nursing team and individual residents.

A review of residents' records found that there was regular communication with residents' general practitioner (GP) regarding their health-care needs. Arrangements were in place for residents to access the expertise of health and social care professionals. Daily progress notes demonstrated good monitoring of care needs, and that recommendations made by healthcare professionals was implemented.

Resident's nutritional care needs were monitored. Residents' weights were monitored and staff were familiar with the level of assistance each resident required during meal-times. There were appropriate referral pathways in place for the assessment of residents identified as being at risk of malnutrition.

Residents and their relatives attended meetings and contributed to the organisation of the service. Residents were free to exercise choice about how they spent their day. Residents were provided with regular opportunities to consult with management and seek assurances on any changes that had occurred in the centre.

The provider had measures in place to ensure that the well-being of residents in the centre was promoted. The inspector found that the care and support that residents received from the staff team was of a good quality, and that staff strived to ensure that residents were safe and well-supported. The provider had adequate resources in place to ensure that residents engaged in activities that they enjoyed.

Visitors were openly welcomed in the centre and residents were happy with the arrangements in place.

Regulation 11: Visits

The inspector found that the registered provider had ensured visiting arrangements were in place for residents to meet with their visitors, as they wished.

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 services such as the hairdresser and various activities and outings.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety management systems were not fully effective to comply with the requirements of the regulations. A number of fire doors when closed had significant gaps. This had the potential to impact on the containment of smoke and fire in the event of a fire emergency.

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 observed to be person-centred, and updated at regular intervals. A review of a new resident's records showed that a care plan had been implemented within 48hrs of admission.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to medical professional services, as necessary. Arrangements were in place for residents to access general practitioner service.

Residents were provided with timely access to a range of health and social care professionals. This included physiotherapy, dietitian services and speech and language therapy.

Judgment: Compliant

Regulation 8: Protection

A policy and procedures for safeguarding vulnerable adults at risk of abuse was in place. Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in adult protection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector observed that the privacy and dignity of residents was respected by staff. Throughout the day of inspection, the staff were observed to interact with residents in a caring, patient and respectful manner. Residents were not rushed.

Independent advocacy services were available.

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 19: Directory of residents | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 20: Information for residents | 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 Garbally View Nursing Home OSV-0000343

Inspection ID: MON-0047216

Date of inspection: 23/05/2025

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 28: Fire precautions | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions: Relevant doors with Gaps underneath have been fitted with fire proof seals. | |

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 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Substantially Compliant | Yellow | 12/06/2025 |