



**Health  
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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:	03 June 2025
Centre ID:	OSV-0005491
Fieldwork ID:	MON-0045380

## 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:	42
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## How we inspect

To prepare for this inspection the inspector or 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
Tuesday 3 June 2025	09:20hrs to 17:15hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

Caiseal Gael Teach Altranais is situated in Castlegar, County Galway. The centre is a purpose-built, three-storey facility providing accommodation for 42 residents. This unannounced inspection took place over one day. There were 42 residents in the centre and no vacancies on the day of the inspection.

The inspector found that residents living in Caiseal Gael Teach Altranais 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. Feedback from residents was that they were well cared for by staff who were attentive to their needs. Staff were observed to deliver care and support to residents which was kind and respectful. There was a friendly, relaxed atmosphere throughout the centre.

The inspector arrived in the centre mid-morning. A number of residents were having breakfast in the dining areas and bedrooms, while other residents were relaxing in communal areas. A number of residents were being assisted and supported by staff with their personal care needs.

Following an opening meeting with the person in charge, the inspector completed a walk through the centre giving an opportunity to review the premises, and to meet residents and staff. The centre was bright, spacious and laid out to meet the needs of residents. Residents' living and bedroom areas were located on two floors of the building which were serviced by an accessible lift. There were a number of bright communal areas available to residents, including sitting rooms and dining rooms. There was sufficient space available for residents to meet with friends and relatives in private should they wish to. Residents' bedroom accommodation consisted of single and twin bedrooms, all of which had ensuite facilities. Bedrooms were suitably styled and furnished, and provided residents with sufficient space to live comfortably. Many residents had decorated their rooms with family photos and personal items of significance. There was adequate facilities available for residents to store their personal belongings.

The décor was modern throughout the building, and all areas were styled to create a homely and accessible living environment for residents. Corridors were wide, with appropriately placed handrails, and were maintained clear of items to allow residents with walking aids to mobilise safely around the centre. Call-bells were available in all areas and residents told the inspector that they were answered in a timely manner. One resident said 'if i need help, I ring the bell and they come to me straight away'. There was a sufficient number of toilets and bathroom facilities available to residents. The centre provided an onsite laundry service for residents' personal clothing and bed linen which was appropriate for the size of the centre.

All areas of the centre were clean, tidy and well-maintained. Equipment used by residents was observed to be visibly clean. Housekeeping staff were observed to

clean the centre according to a schedule, and cleaning practices were observed to be consistent to ensure all areas of the centre were cleaned.

An accessible courtyard area and sun terrace, with a variety of suitable seating areas and shelter, provided residents with pleasant outdoor spaces and access to nature. Residents were actively involved in managing planters for flowers, vegetables and herbs in the garden. Residents were seen spending time in the outdoor areas at different times during the day.

As the day progressed, the inspector spent time in the various areas of the centre chatting with residents and staff, and observing staff provide care and support to residents. The majority of residents were up and about, relaxing in the communal areas or mobilising freely through the centre. They were observed to be relaxed and familiar with one another and staff. A small number of residents were observed enjoying quiet time in their bedrooms. There was a very warm, convivial atmosphere throughout the centre and residents appeared comfortable in their surroundings. It was evident that residents were supported by staff to spend the day as they wished.

Communal areas were appropriately supervised and those residents who chose to remain in their bedrooms were supported by staff. While staff were seen to be busy assisting residents throughout the day, the inspector observed that staff were kind and respectful, and that care was delivered in a relaxed manner. The inspector observed that personal care was attended to in line with residents' wishes and preferences. It was evident from talking with staff that they knew the residents and their individual needs.

Throughout the day, the inspector spoke with a total of 10 residents. Residents were happy to chat, and to provide an insight into their lived experience. Residents said that they were happy with life in the centre and that they felt safe and well-looked after. One resident described the centre as 'a great place, you couldn't ask for better'. Another resident said 'the place is lovely and I am happy here'. Residents told the inspector that staff were caring and always provided them with assistance when it was needed. One resident said that they were 'very well looked after and if I want anything, they get it for me'. Another resident said 'they go out of their way to help me'. Residents told the inspector that they were happy with their bedrooms. One resident stated that they enjoyed sharing their room with another resident. Other residents explained how they preferred to spend most of their day in their bedrooms, which were comfortable and suitable for their needs. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries. There were a number of residents who were unable to speak with the inspector and they were observed to be content and comfortable in their surroundings.

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 centre employed two activities co-ordinators who facilitated group and one-to-one activities. Residents were also provided with opportunities to go on excursions to various tourist attractions and places of interest. The inspector

observed residents enjoying a variety of activities on the day of the inspection. Staff were available to support residents and to facilitate residents to be as actively involved in activities as they wished.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day. A number of visitors told the inspector that they were very satisfied with the care received by their loved one and that they could speak with management if they had any concerns.

The centre provided residents with consistent access to adequate quantities and choices of food and drink, and residents were complimentary about the quality of food. Residents had a choice of when and where to have their meals, and were observed having meals and snacks at various times of the day, depending on their preference. Residents were supported during mealtimes, and those who required help were provided with assistance in a respectful and dignified manner.

In summary, the inspector found residents received 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. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

This was an unannounced inspection carried out 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 inspector found that there were effective governance and management systems in place which was evidenced in the high levels of compliance with the regulations found on this inspection.

Caiseal Gael Teoranta is the registered provider of Caiseal Gael Teach Altranais, a company comprised of three directors. The inspector found that there were sufficient resources in place in the centre to ensure that the rights, health and wellbeing of residents were supported. There was an established management structure in place, with clear lines of responsibility and accountability at individual, team and organisational level. The clinical management team consisted of a person in charge supported by two assistant directors of nursing and a clinical nurse manager. There was a full complement of staff in place including nursing and care staff, activity, housekeeping, administration, maintenance and catering staff. Management support was provided by one of the directors of the company. The person in charge was present throughout the inspection, and was observed to be a strong presence in the centre, providing effective leadership to all staff. They

demonstrated a good understanding of their role and responsibility and were knowledgeable about the requirements of the regulations. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge.

There were management systems in place to monitor and review the quality of the service provided for residents. Clinical and environmental audits were completed which included reviews of care planning, falls management, infection control and complaints management. Where areas for improvement were identified, action plans were developed and completed. In addition, information regarding key aspects of the quality of the service were reviewed by the person in charge on a daily, weekly and monthly basis. This included information in relation to resident care, staffing, communication, fire safety and other significant issues. The person in charge carried out an annual review of the quality and safety of care in 2024 which included a quality improvement plan for 2025.

There were systems and processes in place to ensure effective communication between management and staff in the centre. There were regular staff meetings held which discussed a range of topics such as governance and management, audit results, resident care issues, infection control, staffing, training, and other relevant management issues.

A review of the staffing rosters found that staffing levels and skill-mix were appropriate for the size and layout of the building, and to meet the assessed health and social care needs of residents. Staff had the required skills, competencies and experience to fulfil their roles. The team providing direct care to residents consisted of at least one registered nurse on duty at all times, and a team of health care assistants. Staff demonstrated an understanding of their roles and responsibilities. Staff were observed working together as a team to ensure residents' needs were addressed and were observed to be interacting in a positive and supportive way with residents.

The policies and procedures, as required by Schedule 5 of the regulations, were available to staff, providing guidance on how to deliver safe care to the residents.

A review of staff training records evidenced that all staff had completed relevant training to support the provision of safe care to residents. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training. There were arrangements in place to provide supervision and support to staff.

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.

There were contracts for the provision of services in place for residents which detailed the terms on which they resided in the centre.

A centre-specific complaints policy detailed the process of raising a complaint or a concern. The complaints procedure was clearly displayed in the centre. A complaints



log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

### 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 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, were stored securely and readily accessible.

Judgment: Compliant

### Regulation 22: Insurance

Residents and their property was appropriately insured in the centre, in line with regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.

Judgment: Compliant

#### Regulation 24: Contract for the provision of services

The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.

Judgment: Compliant

#### Regulation 3: Statement of purpose

There was an up-to-date statement of purpose in place that contained all the information as required by the regulation.

Judgment: 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

There was an effective complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The registered provider prepared written policies and procedures in accordance with Schedule 5 of the regulations.

Judgment: Compliant

## Quality and safety

The inspector found that the standard of care which was provided to residents living in this centre was of a good standard. Residents were complimentary about the service, and confirmed that their experience of living in the centre was positive. Staff were respectful and courteous with residents.

A sample of residents' files were reviewed by the inspector. Pre-admission assessments were undertaken by the person in charge in order to determine if the centre could meet the assessed social and health care needs of prospective residents. Residents' care plans were developed within 48 hours following admission to the centre. Care plans were underpinned by accredited assessment tools to assess each resident's needs including, assessment of malnutrition, risk of falling, risk of pressure related skin damage and support needed to ensure safe mobility. Care plans were reviewed every four months, or as residents' needs changed, in line with regulatory requirements. Nursing records demonstrated good monitoring of residents' care needs.

Residents had access to medical and health care services. Residents were reviewed by their GP, as required or requested. Referral systems were in place to ensure residents had timely access to allied health and social care professionals for additional professional expertise.

The inspector observed that residents' rights and choices were respected, 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. There were sufficient staff available to support residents in their recreation of choice. Residents had the opportunity to meet together and discuss relevant management issues in the centre. Satisfaction surveys were carried out with residents with positive results. Action plans were developed in response to suggestions made by residents at resident meetings and surveys. Residents were provided with access to an independent advocacy service.

Residents who were assessed to be at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well-documented and known to the staff. Appropriate referral pathways were established

to ensure residents identified as at risk of malnutrition were referred for further assessment by an appropriate health professional.

The person in charge ensured that, where a hospital admission was required for any resident, transfers were safe and effective by providing all relevant information to the receiving clinicians and that all relevant information was obtained on the resident's return to the centre.

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The centre had a risk register which identified clinical and environmental risks, and the controls in place to manage those risks. There were systems in place to identify, document and learn from incidents involving residents. Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

### 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. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

### Regulation 18: Food and nutrition

There were sufficient amounts of food and drink available to residents at all times. Residents were provided with a choice of meals from a menu that was updated daily. Food was properly and safely prepared, cooked and served including specialist

consistency meals. Residents were assisted with their meals in a respectful and dignified manner when necessary.
Judgment: Compliant
Regulation 25: Temporary absence or discharge of residents
Where a hospital admission was required for any resident, the person in charge ensured that all relevant information about the resident was provided to the receiving hospital and that all relevant information was obtained on the resident's return to the centre.
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 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 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 the inspector that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>What residents told us and what inspectors observed</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant