



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:	Announced
Date of inspection:	08 November 2023
Centre ID:	OSV-0000343
Fieldwork ID:	MON-0040208

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 have 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:	33
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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
Wednesday 8 November 2023	09:30hrs to 17:30hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector observed that residents living in this centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life. Feedback from residents was that this was a very good place to live, and that they were very well cared for by staff who were very kind and caring. Staff were observed to deliver care and support to residents which was respectful, and in line with their assessed needs. The atmosphere was calm and relaxed throughout the centre.

This announced inspection took place over one day. There were 33 residents accommodated in the centre on the day of the inspection and two vacancies.

Following an introductory meeting, the inspector completed a tour of the building with the person in charge. Garbally View Nursing Home was located in the town of Ballinasloe, County Galway. The centre was a two-storey building and provided accommodation for 36 residents. The living and accommodation areas were on the ground floor. Bedroom accommodation comprised of single and twin bedrooms and many residents had personalised their rooms with items of significance, including ornaments and pictures. Residents had access to bright communal spaces including day rooms, a lounge, a family room and a dining room. There was safe, unrestricted access to an outdoor area for residents to use which contained suitable seating areas and seasonal plants.

As the inspector walked through the centre, residents were observed in the various areas, and it was evident that residents' choices and preferences in their daily routines were respected. Some residents were relaxing in the communal rooms, while other residents mobilised freely or with assistance around the building. A number of residents were having breakfast, while other residents were having their care needs attended to by staff. As the day progressed, the majority of residents were observed in the communal areas, watching TV, reading, chatting to one another and staff or participating in activities. A small number of residents chose to spend time relaxing in the comfort of their bedrooms. While staff were seen to be busy assisting residents throughout the day, the inspector observed that staff were kind, patient, and attentive to their needs. The inspector observed that personal care was attended to a good standard. There was a pleasant atmosphere throughout the centre and friendly, and familiar chats could be heard between residents and staff.

Throughout the day, residents were observed to be content as they went about their daily lives. Residents were happy to chat with the inspector, and to provide an insight of their lived experience in the centre. The inspector spoke in detail with a total of 14 residents. Residents stated that staff were kind and always provided them with assistance when it was needed. One resident said that 'they are looking after us very well', while another resident said 'they are all wonderful, great people'. When asked what it was like to live in the centre, one resident said 'I am in heaven,

they are all lovely' and another resident told the inspector 'it is one big, happy family here, and we all help each other'. Residents told the inspector that they were happy with their bedrooms which were comfortable and suitable for their needs. One resident told the inspector that they loved the big window in their room and enjoyed watching the comings and goings in the street outside. 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.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day. The inspector spoke with one visitor who was very satisfied with the care and support received not only by their loved one.

There was an activities schedule in place which provided residents with opportunities to participate in a choice of recreational activities throughout the day. Residents stated that they had plenty to do every day and that they had a choice in how they chose to spend their day. One resident described how they preferred to spend their day in their bedroom, listening to the radio and that staff always provided assistance when it was needed. One resident said that activity staff were 'great' and another said that they had a 'lovely manner'. The inspector observed group and one-to-one activities taking place during the day of the inspection. Activity staff ensured that residents who wished to be actively involved in activities were facilitated to do so. The inspector observed a game of bingo in the afternoon which was very well attended by. The inspector observed a very lively atmosphere with lots of laughter and banter between residents and staff. Residents who participated in the game told the inspectors how much they enjoyed it. Residents also had unlimited access to telephones, television, radio, newspapers and books.

Residents were provided with a good choice of food and refreshments throughout the day. Residents had a choice of when and where to have their meals. Inspectors observed residents having meals at various times of the day depending on their preference. During mealtimes, those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Residents were complimentary about the quality of the food. One resident told the inspector that the food was beautiful and that 'the chef is first class', while another said that 'the food is marvellous'.

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. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an announced 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 reviewed the action taken by the provider to address areas of non-compliance found on the last inspection in February 2023 and found that the provider had addressed the actions required in relation to Regulation 23: Governance and Management

Garbally View Nursing Home Limited was the registered provider of this designated centre. The company had three directors, one of whom worked in the centre as a general manager. The inspector found that this was a well-managed centre, and that the quality and safety of the services provided to residents were of a good standard. The governance and management was well organised, and the centre was well resourced to ensure that residents were supported to have a good quality of life. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. The person in charge facilitated the inspection and they demonstrated a clear understanding of their role and responsibility. The person in charge was supported by a clinical nurse manager and a full complement of staff including nursing and care staff, activity, housekeeping, catering, and maintenance staff. Management support was also provided by the general manager. Both the person in charge and the general manager were a visible presence in the centre and were well known to the residents and staff. There were systems in place to ensure appropriate deputising arrangements in the absence of the person in charge.

On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. 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 healthcare assistants. The person in charge and the clinical nurse manager provided clinical supervision and support to all staff. Communal areas were appropriately supervised, and the inspector observed kind and considerate interactions between staff and residents. Teamwork was evident throughout the day.

The provider had systems in place to monitor and review the quality of the service provided for the residents. A range of audits had been completed which reviewed practices such as falls management, nutrition, privacy and dignity, safeguarding, provision of care and clinical governance. Where areas for improvement were identified, action plans were developed and completed.

There was evidence of effective communication systems in the centre. Regular management team meetings had taken place. Minutes of meetings reviewed by the inspector showed that a range of relevant issues were discussed including, risk, policies, training, recruitment, activities, and supervision. The management team also met with staff on a regular basis and discussed topics such as, infection

prevention and control, restrictive practice, falls, housekeeping, resident issues and other relevant topics.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging and infection prevention and control training.

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

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.

There was an effective system of risk management in the centre. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill-mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

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

Arrangements were in place to ensure staff were appropriately supervised to carry out their duties through senior management support and presence.

Judgment: Compliant

Regulation 21: Records

The inspector found that the records set out in Schedules 2, 3 and 4 were kept in the centre, and that they were available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were strong 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 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 policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that the standard of care provided to residents living in this centre was of a good quality. Residents spoke positively about the care and support they received from staff and confirmed that their experience of living in the centre was positive. The inspector observed that residents' rights and choices were upheld, and their independence was promoted. Staff were respectful and courteous with residents.

Care delivered to the residents was of a good standard, and staff were knowledgeable about residents' care needs. Each resident 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. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident which addressed their individual abilities and assessed needs. The inspector reviewed a sample of seven residents' files. Individual care plans were comprehensive and were updated every four months, or as changes occurred, to reflect residents' changing needs and to provide very clear guidance to staff on the supports required to maximise the residents' quality of life. There was evidence that the person-centred information contained within the care plans was gathered through consultation with the residents. Daily progress notes demonstrated good monitoring of care needs.

The centre had arrangements in place to support the provision of compassionate end-of-life care to residents in line with their assessed needs and wishes. Records reviewed evidenced that the centre had access to specialist palliative care services for additional support and guidance, if needed.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals, in line with their assessed need.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of bedrails and records reviewed showed that appropriate risk assessments had been carried out.

Residents were free to exercise choice about how they spent their day. Residents had the opportunity to meet together and discuss management issues in the centre including, care issues, activities, advanced healthcare directives, complaints procedures and restrictive practices. Satisfaction surveys were carried out with residents with positive results. Residents had access to an independent advocacy

service.

Residents who may 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 premises was laid out to meet the needs of residents, and to encourage and aid independence. The centre was clean, tidy and generally well maintained. Bedroom accommodation provided residents with sufficient space to live comfortably, and adequate space to store personal belongings. There was a sufficient number of toilets and bathroom facilities available to residents. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. Call-bells were available in all areas and answered in a timely manner. The centre was bright, warm and well ventilated throughout. All areas were found to be appropriately decorated, with communal rooms observed to be suitably styled to create a homely environment.

There was an up-to-date residents' guide available which contained a summary of the services and facilities in the centre, the terms and conditions relating to living in the centre, the complaints procedure and the arrangements for visits.

Fire procedures and evacuation plans were prominently displayed throughout the centre. There were adequate means of escape, and all escape routes were unobstructed, and emergency lighting was in place. Fire fighting equipment was available, and serviced, as required. Staff were knowledgeable about what to do in the event of a fire.

The environment and equipment used by residents were visibly clean on the day of the inspection.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the centre had appropriate access to, and maintained control over

their personal possessions.
Judgment: Compliant
Regulation 13: End of life
Arrangements were in place to provide residents with appropriate care, and comfort, during their end-of-life. Staff consulted residents and, where appropriate, their relatives to gather information with regard to residents needs and wishes to support the provision of person-centred, compassionate, end of life care.
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
Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.
Judgment: Compliant
Regulation 20: Information for residents
The provider had prepared a guide for residents which contained the requirements of the regulation.
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 up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely 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 such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life and palliative care.

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 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant