



# 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:	08 August 2024
Centre ID:	OSV-0005491
Fieldwork ID:	MON-0043379

## 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, dining room and sitting room 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
Thursday 8 August 2024	09:35hrs to 18:15hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

The inspector observed that residents living in this centre received a good standard of care and support. Residents were complimentary about the staff in the centre and the care they provided. Residents told the inspector that staff were kind and that they made them feel safe living in the centre. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a respectful and calm manner.

This unannounced inspection was carried out over one day. There were 42 residents accommodated in the centre on the day of the inspection and no vacancies.

On arrival to the centre, the inspector met with the person in charge. Following an introductory meeting, the inspector conducted a walk through the building with the person in charge. Caiseal Gael Teach Altranais is a purpose-built, three-storey facility located in Castlegar, County Galway. The living and accommodation areas were spread over two floors and serviced by an accessible lift. Accommodation comprised of single and twin bedrooms, all of which were ensuite. Residents' bedrooms were bright and spacious and provided residents with sufficient space to live comfortably, and with adequate space to store personal belongings. Many bedrooms were personalised and decorated according to each resident's individual preference. There were a number of communal areas available to residents, including sitting rooms and dining rooms. There were also visitors' rooms available, providing residents with comfortable spaces to meet with friends and family members in private.

There was safe, unrestricted access to pleasant outdoor spaces for residents to use. These spaces contained a variety of suitable garden furnishings and seating areas. There were numerous seasonal plants including flowers, fruit trees, herbs and vegetables which residents tended to.

As the inspector walked through the centre, residents were observed spending their day in the various areas, and it was evident to the inspector that residents' choices and preferences in their daily routines were respected. A number of residents were preparing for a trip to a local village for coffee. Some residents chose to sit together in the communal areas chatting with each other and with staff. Other residents chose to relax in the comfort of their bedrooms. A number of residents were having their care needs attended to by staff. Staff were observed assisting residents in a relaxed and attentive manner. There was a pleasant atmosphere throughout and friendly, familiar chats could be heard between residents and staff.

The centre was found to be bright, comfortable and well-maintained throughout. The premises was laid out to meet the needs of residents and to support independence. Corridors provided adequate space 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 of the centre, and the inspector observed that these were responded to in a timely manner. There was a sufficient

number of toilets and bathroom facilities available to residents. Closed circuit television cameras (CCTV) were used in the centre, including some of the communal areas with appropriate signage in place informing residents and visitors of its presence. Throughout the centre the décor was modern, and all areas were designed and furnished to create a homely and accessible living environment for residents.

The inspector spent time observing staff and resident interaction in the various areas of the centre. Residents were chatting, reading, listening to music and participating in activities. Other residents moved freely through the centre and the outdoor spaces. Residents were observed to be content in their surroundings. The inspector observed that personal care needs were met to a good standard, and that care and support was provided to residents in a respectful and unhurried manner. Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were supported by staff throughout the day. Staff who spoke with the inspector were knowledgeable about residents and their needs.

Residents spoke positively about their experience of living in the centre. One resident told the inspector that 'life is good and the staff know me and know my needs'. Another resident told the inspector that although they would prefer to be at home, life in the centre was 'very good'. Another resident said that they had plenty of choice in how they spent their day and that staff supported them to be as independent as possible. A small number of residents explained that they preferred to spend their day in their bedrooms relaxing, painting, listening to the radio or reading. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries.

A range of recreational activities were available to residents which included arts and crafts, gardening, quizzes, karaoke and live music events. The inspector viewed photographs of recent events including 'Ladies day at the races' and a 'Mad Hatter's Tea Party'. Residents were also provided with access to television, radio, internet, newspapers and books. A number of group activities were taking place on the day and were well attended by residents, including an exercise class, a quiz, and an Irish class. The inspector observed that staff supported residents to be actively involved in activities if they wished. Residents told the inspector that they had plenty to do every day. One resident said that they were always very busy. Other residents told the inspector that they enjoyed going out on trips including a visit to an aquarium, a tour of Galway cathedral, and a trip to see the Christmas lights.

Visitors were observed coming and going throughout the day. The inspector spoke with a number of visitors who were very satisfied with the care provided to their loved ones. One visitor described the centre as 'home from home'. Another visitor told the inspector that they felt 'very lucky' that their relative was living in the centre and that 'they are very happy here'. They also praised the staff, including the chef, for a recent party held for their relative's birthday.

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. The dining

experience at lunchtime was observed to be a social, relaxed occasion. Staff members were available to support and assist residents at mealtimes, and when refreshments were served. The catering staff were very knowledgeable about each resident's individual nutritional needs and preferences.

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 reviewed the action taken by the provider to address identified areas of non-compliance found on the last inspection in September 2023.

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to achieve positive outcomes for residents who lived in the centre. The provider had addressed the actions required following the last inspection in respect of Regulation 23: Governance and Management, Regulation 21: Records, Regulation 34: Complaints procedure, Regulation 17: Premises, Regulation 9: Residents' rights and Regulation 28 Fire precautions.

The registered provider of Caiseal Gael Teach Altranais was Caiseal Gael Teoranta, a company that consisted of three directors. The inspector found that the governance and management was well organised. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. There was a person in charge in post who facilitated the inspection and who demonstrated a clear understanding of their role and responsibility. The clinical management team consisted of the person in charge supported by two assistant directors of nursing and three clinical nurse managers. The management of the centre was further supported by a full complement of staff, including nursing and care staff, housekeeping, catering, administrative, activity and maintenance staff. The person in charge was a visible presence in the centre and was 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 resources in place to ensure that residents were supported to have a good quality of life. The centre had a stable team which ensured that residents benefited from continuity of care from staff who

knew them well. 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. Communal areas were appropriately supervised, and teamwork was very evident throughout the day. The clinical management team provided clinical supervision and support to all the staff.

The provider had management systems in place to ensure the quality of the service was effectively monitored. A range of audits had been completed, which reviewed practices such as complaints management, care planning, use of restraint, safeguarding, and medication management. Key information relating to aspects of the service, including the quality of resident care were collected by the person in charge and reviewed with the registered provider on a weekly basis. This included data collection in relation to infection control, falls, pressure ulcers, use of restraint and other significant events. An annual review of the quality and safety of the services had been completed for 2023, and included a quality improvement plan for 2024.

There was evidence of effective communication systems in the centre. The management team met with each other and staff on a regular basis. Records of meetings were maintained and showed that a range of relevant issues were discussed, including training, activities, infection control, fire safety and restrictive practices, and other relevant topics. Where areas for improvement were identified, action plans were developed and completed.

Policies and procedures were available in the centre, providing staff with guidance on how to deliver safe care to the residents.

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.

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 was an induction programme in place, which all new staff were required to complete.

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 all residents, taking into account 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.

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

Judgment: Compliant

## Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

## Regulation 21: Records

Records 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 effective governance arrangements in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability. There were sufficient resources available and an effective monitoring system in place to ensure positive outcomes for residents living in the centre.

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

Residents living in Caiseal Gael Teach Altranais received a good standard of care and support, which ensured that they were safe, and that they could enjoy a good quality of life. Residents were satisfied with the service they received, and reported feeling safe and content living in the centre. There was a person-centred approach to care, and residents' well-being and independence were promoted

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. 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 health and social care needs. A sample of five residents' records were reviewed and the inspector found that care plans reflected person-centred guidance on the care needs of residents. Care plans were updated every four months, or as changes occurred, in line with regulatory requirements. Daily progress notes demonstrated good monitoring of care needs and the effectiveness of care provided. Nursing and care staff were knowledgeable regarding the care needs of the residents.

Residents were provided with access to a general practitioner (GP), as requested or required. Arrangements were in place for residents to access the expertise of health and social care professionals for further assessment and treatment, in line with their assessed need. This included access to the services of speech and language therapy, dietetics, occupational therapy, physiotherapy, and tissue viability nursing expertise.

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.

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

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.

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they chose. Activities were observed to be provided by dedicated activities staff. 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. Residents had access to an independent advocacy service.

Residents' nutritional care needs were appropriately monitored. Residents' needs in relation to their nutrition and hydration were documented and known to the staff. There were appropriate referral pathways in place for the assessment of residents identified as being at risk of malnutrition.

The management of risk in the centre was guided by the risk management policy and associated policies that addressed specific issues of risk to residents' safety and wellbeing. There was a risk register in place which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents were in place.

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.

## 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

Residents living in the centre had appropriate access to, and maintained control over their personal possessions. Residents had access to appropriate space and facilities within their bedrooms to store their personal belongings, including lockable storage. Laundry services were on-site, and there were no issues raised by residents regarding laundry.

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

The person in charge had systems in place to ensure that each resident had a choice at mealtimes. Meals were wholesome and nutritious. The inspector observed

that there was adequate numbers of staff available to provide assistance to the residents when needed.

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 the all of required elements, as set out in Regulation 26.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were processes in place for the prescribing, administration and handling of medicines, including controlled drugs, which were safe and in accordance with current professional guidelines and legislation.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

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 had systems in place to monitor restrictive practices to ensure that they were appropriate.

Judgment: Compliant

## Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any residents living in the centre.

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

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 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
<b>Quality and safety</b>	
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 29: Medicines and pharmaceutical services	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