# Health Information and Quality Authority

**Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Griffeen Valley Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000046</td>
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<tr>
<td>Centre address:</td>
<td>Esker Road/Griffeen Road, Esker, Lucan, Co. Dublin.</td>
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<tr>
<td>Telephone number:</td>
<td>01 624 9736</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@griffeenvalleynursinghome.com">info@griffeenvalleynursinghome.com</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Griffeen Valley Nursing Home Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Anne Foley</td>
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<tr>
<td>Lead inspector:</td>
<td>Helen Lindsey</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>24</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 28 June 2017 09:00  To: 28 June 2017 17:00

The table below sets out the outcomes that were inspected against on this inspection.

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<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
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<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
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<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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Summary of findings from this inspection

The inspection was carried out in response to the provider's application to renew the certificate of registration.

Inspectors were satisfied that the residents received a good quality service. There was a high level of compliance with the regulations inspected from the Health Act 2007 (Care and welfare for Residents in Designated Centres for Older People) Regulations 2013.

The inspectors met with residents and some of their relatives, observed practice in the centre, and spoke with staff and the management team. They also reviewed a range of documentation including resident's records, medication records, and the organisation's policies and procedures.

Residents and families provided positive feedback about the service they received. Records confirmed that residents had their health and social care needs met by a staff team who had the relevant skills and experience. There was a range of activities
available in the centre, and opportunities to take part in activities in the local community.

The provider and person in charge were based in the centre and had constant oversight of the service being provided. There were governance and management systems in place to assure them that a safe and quality service was provided. This included seeking the views of residents and relatives at regular intervals, completing out a range of audits through the year on clinical practices and supervision of the staff team.

One area of improvement was identified relating to the information available in care plans. This is discussed further in the report and in the action plan at the end of this report.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were effective management arrangements in the centre and systems in place to monitor the quality and safety of the service.

The centre was seen to be operating in line with the statement of purpose which set out the service provided and the accommodation. The premises offered communal and private accommodation on one level, and included an internal courtyard as outside space easily accessible for all residents.

There was a clearly defined management structure in place. The provider and the person in charge were both full time in the centre, and the provider was on call out of working hours. Reporting arrangements were clear to all those working in the centre. The person in charge was supported by an assistant director of nursing and a team consisting of nursing staff, health care assistants, and household staff.

There were a range of systems in place to monitor practice in the centre and ensure that safe and effective care was provided. The provider held regular meetings to review the risk management procedures in the centre, and also discussed clinical reports in relation to the residents. There was a programme of audits carried out, and when any area was identified as requiring improvement and action plan was developed and people were allocated the task of delivering the change. There was ongoing supervision of staff to make sure the service provided continued to meet residents’ needs. Feedback from residents and relatives what taken formally with regular reviews and informally with an open door policy for people to speak directly to the management team, and improvements had been made in line with suggestions.

An annual report had been produced that included the feedback from people using the service. It set out the centre's performance for the previous year and plan for the
Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge had suitable skills and experience to carry out their role. They also had a good knowledge of the regulations and standards. They provided supervision to the staff team and supported the provider in relation to effective governance and management in the centre.

There were arrangements in place to cover then the person in charge was absent.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The previous action under this outcome was followed up during this inspection and
improvements had been made. The policies in place included clear guidance and procedures for staff to follow in relation to medication management and nutrition.

Judgment:
Compliant

**Outcome 07: Safeguarding and Safety**

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Residents were safeguarded by arrangements in the centre.

There was a clear policy and procedure in place for the prevention, detection and response to abuse. It described the different types of abuse, and set out the procedure for reporting any allegations or suspicions of abuse. Each staff member had attended training on protection of vulnerable adults from elder abuse. The staff spoken with were very clear about the action to take if they witnessed, suspected or had abuse reported to them, and this included making sure the resident was safe. Residents confirmed that they felt safe in the centre. The provider carried out an audit annually to ensure the policies and procedures were in place, and followed. The most recent one completed in September 2016 found good compliance levels.

The procedures for managing any restrictive practice in the centre followed the national guidelines, with a commitment to work towards a restraint free environment and to use a range of alternative measures ahead of agreeing any restrictions. There was a policy in place that covered the different types of restraint, the decision making process for considering them and the procedure for them to be agreed and reviewed. At the time of the inspection the only restriction in place was the use of bedrails which had been decreasing over the past few years. Where residents were using bedrails a process had been followed to agree their use, they were reviewed every four months, and alternative measures trialled had been recorded, for example the use of low beds, and soft mats. There were also risk assessments to ensure residents used the bed rails safely.

There was a policy on responding to the behavioural and psychological symptoms and signs of dementia (BPSD) also known as responsive behaviours. It provided guidance on how to make an assessment, and put systems in place to support the resident. It also included information on considering short term changes to a resident due to the effects.
of delirium as well as longer term behaviours and responses. The inspector reviewed care plans and found where residents had responsive behaviours this was clearly recorded. Staff knew the residents well including how to support them. This was seen to be resulting in positive outcomes for residents who were able to move around the centre, join activities and enjoy their chosen routine with oversight of the staff team.

The provider did not act as a pension agent for residents. There was a small number of residents who had requested support managing their day to day money. The system in place included a record of any money deposited, any taken out, and the reason where it was known. It was signed by a staff and a witness. A copy of the record could be provided to the resident if requested. One balance was cross checked and found to be correct.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The health and safety of residents, visitors and staff was promoted in the centre.

There was suitable fire detection and fire equipment provided in the centre. Records confirmed that the fire alarm was serviced on a quarterly basis and fire equipment such as fire extinguishers and emergency lighting were serviced annually. Clear signage was in place throughout the centre and fire exits were unobstructed and provided a clear means of escape. The fire policy provided guidance to reflect the size and layout of the building and the evacuation procedures, which included a compartment approach to evacuation. The procedure to follow in the event of a fire was posted in different parts of the centre.

Staff were able to describe their role in evacuation to the inspector and records confirmed that all staff had completed annual refresher training in fire safety procedures. Two courses were completed by staff covering a demonstration of using fire extinguishers, a mock evacuation and description of the fire panel. The other covered compartmentalisation in the centre, the evacuation and fire blankets. The training included fire drills. Other drills were completed at different times through the year to test staff knowledge. A record of fire drills showed they were carried out and all staff had taken part.
The centre had policies and procedures relating to health and safety, including an up to date health and safety statement. There were also clear and informative policies on accidents and incidents, falls prevention, and emergency procedures including missing persons. There was an infection control policy, and this was seen to be followed in practice in the centre.

Where accidents and incidents had occurred, they were recorded in detail, reviewed for any trends, and also audited annually to ensure all action was taken to reduce any known risks in the centre. There was an ongoing program of maintenance to ensure the premises provided a safe environment for residents. All equipment was also serviced on an annual basis, including hoists, beds, wheelchairs and air mattresses.

There were risk management policies and procedures in place. The policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. There was a risk registers in place for the centre, and where specific risks were identified, for individual residents. For example smoking. The documents were thorough and covered a wide range of areas.

**Judgment:**
Compliant

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**Outcome 09: Medication Management**
*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were effective medication management policies and procedures in the centre.

The medication policy gave clear guidance to nursing staff on areas such as ordering, administration of medicines, refusal and withholding medications, disposal of un-used and out of date medications.

Staff were observed administering medication to residents and were seen to be following national guidelines, and in line with the centres policy. The nursing staff knew the systems for ordering and receipt of medication well, and explained the process for cross checking medication against residents’ prescriptions when receiving it in to the centre. They also described the process for returning any unused medication or mediation that had not been taken.

A sample of residents’ records were reviewed. They provided clear information on the
medication prescribed and administered to residents. They were signed by the nurse following administration and showed drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet. Drugs being crushed were signed by the GP as suitable for crushing. Resident’s medication was reviewed every four months by their general practitioner.

To manage controlled medication there was a register in place, and the medication was checked at the beginning and end of each shift. Storage arrangements in the centre for all medication met with national guidelines.

An audit was carried out by the pharmacist and the person on charge had oversight of all medication management in the centre, noting if any improvements were required.

There was a process for assessing whether a resident was able to manage their own medications, which included a risk assessment. At the time of the inspection no residents had opted to do this.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Residents’ health and social care needs were being met, but some improvement was required to care plans to ensure they provided clear guidance to direct staff.

A pre-admission assessment was carried out for each resident prior to them attending the centre to ensure their needs could be met there. On arrival the nurses carried out a comprehensive assessment and developed care plans for each area of need. There were care plans in place for all identified needs and the majority provided a person centred summary of the residents’ needs and the action to take to meet those needs. However improvement was required to some care plans to ensure they provided clear information about the resident and how their needs were to be met. Feedback was provided to the
management team on the day of the inspection on the specific examples seen which related to the following areas: managing responsive behaviour, changing nutritional needs, a short term condition, and a diabetes support plan

All care plans were reviewed at least four monthly or more frequently if required. Residents and families were involved in reviews if they chose to attend.

A review of residents health and social care records showed that their needs were being met. The nursing staff in the centre knew the residents well, including their histories and current healthcare needs. There was access to a range of healthcare professionals when needed, including a dietician, speech and language therapist, physiotherapist and occupational therapist. There were also links with local consultants and hospitals as required depending in a residents plan of care. General practitioners (GP) also visited the centre on a regular basis, and if more urgent review was required there were arrangements for out of hours GP. There were clear record of resident's appointment, and arrangements were made with families or staff in the centre to ensure they were able to attend them.

Where treatment plans were recommended they were seen to have been put in place, for example for managing continence, modified diets, and physiotherapy programs.

Records showed examples where nursing staff had noted a change in residents and took appropriate steps to ensure they received the correct care and treatment. A range of nursing tools were available to support staff in reviewing residents that included identifying the risk of incidents such as falls, malnutrition, pressure areas and changes in cognitive ability. These were carried out every four months as part of the care plan reviews.

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also when resident's returned to the centre, for example from hospital, there was a clear summary of their needs and guidance on any interventions needed.

Residents and relatives spoken with during the inspection reported that there was a good standard of care provided in the centre that supported people to remain in good health as much as possible.

**Judgment:**
Substantially Compliant

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**Outcome 16: Residents’ Rights, Dignity and Consultation**
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.
Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents’ had their privacy and dignity maintained and were treated with respect. They were given opportunities to participate in the how the centre was run, and also had access to a range of meaningful activities in line with their interests.

Residents meetings were held regularly in the centre and organised by the activity coordinator. The most recent was in April 2017. The topics discussed at the last meeting included activities, outings, and food and drink. Residents provided feedback on recent outings they had enjoyed including trips to McDonalds, the cinema. They also noted they enjoyed ‘a little tipple’ some evenings, and comment on how good the food was especially the soup. At a previous meeting a snack fridge had been discussed by the residents including its suggested content.

The provider also carried out resident and relative satisfaction surveys at regular intervals, the results of which showed positive feedback was provided. They also asked for feedback on the service at end of life to support them to ensure they were offering the best service they could.

A range of activities were available in the centre, as well as trips out to local places of interest. They included knitting, arts and crafts, games, bingo, cards, visiting entertainers such as singers. Residents were very positive about the activities, including the increased use of one of the lounges. Residents explained all the different art work they had been completing and the projects for those who liked to knit, including the dolls being knitted during the inspection. There were also opportunities for residents to attend classes in the local community, such as Art classes that included a display of all work at the end of the year.

Residents were seen to be making choices about how they spent their time in the centre. Many residents had visitors during the inspection and were seen spending time in different communal areas or going to the privacy of their own room. Others were choosing to spend their time in their rooms, in different lounges in the centre, or in the enclosed garden. There were also choices about drinks and snacks, with staff giving residents the chance to make choices at every opportunity.

Throughout the inspection staff were seen to treat residents with dignity and respect. Visitors were also warmly welcomed to the centre, and it was clear from the interactions that the staff were knowledgeable of residents, their families and things that were important to them. As a small centre they were observed to provide a very person centred approach. Residents also commented that the size of the centre helped them to feel at home.

Where residents had specific communication needs, the inspector saw care plans in
place that set out their communication needs, and aids or adaptations required to support them, and they most effective way to engage with them.

There was access to TV, DVDs, radio and newspapers and magazines. Music was playing in different parts of the centre for most of the inspection with residents seen to be enjoying the songs and musicians selected. They also confirmed they enjoyed the visiting musicians who attended the centre regularly.

Some residents had their own phones, but all could access a centre phone in private if they chose to. Residents were also supported to vote if they wanted

**Judgment:**
Compliant

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**Outcome 18: Suitable Staffing**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Staffing arrangements met the needs of the residents living in the centre.

The inspector found that the staff levels on the day of the inspection matched the planned roster. The roster clearly set out the staff for each shift and the shift they were to work. Staffing levels were consistent across the weeks in the documents reviewed.

The staffing levels took into account the layout of the centre. The nurses were supported by health care assistants to meet the needs of the residents. The person in charge was usually supernumerary to the roster, to enable them to carry on with the day to day running of the centre. There providers were also in the centre weekdays, and visiting at weekends, to oversee the running of the centre. The provider and person in charge explained the rational for the shift patterns and how they could be altered if residents’ needs changed. The senior team all lived within a short distance of the centre and could be called in to provide extra if necessary.

Residents and staff were very complimentary of the staff team describing them as ‘very
good’ and ‘very considerate’.

Staff were up to date on their mandatory training of fire safety and evacuation, and safeguarding of vulnerable adults. All staff had also completed manual handling training. A range of other training had also been attended by some staff including quality of life for people with dementia, dysphagia, food hygiene, pressure care, diet and nutrition and person centred palliative care. Training opportunities remained available for staff with a program ongoing in 2017.

Effective recruitment procedures were in place in the centre, including a policy that was implemented in practice. A sample of four personnel records were reviewed and found to contain all information and documentation required under Schedule 2 of the regulations including Garda vetting. Records for volunteers were also reviewed and included a statement of the volunteers role and a copy of their Garda vetting. The provider confirmed that Garda vetting was in place for all staff and volunteers at the centre. The centre documented confirmation of 2017 registration with An Bord Altranais for all nurses active in the centre.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Centre name: Griffeen Valley Nursing Home

Centre ID: OSV-0000046

Date of inspection: 28/06/2017

Date of response: 24/07/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some care plans were not detailed enough to guide staff on the appropriate use of interventions to consistently manage the identified need.

1. Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Please state the actions you have taken or are planning to take:**
Care plan meetings were held on 21st & 24th July. Care plans were updated by Staff to ensure appropriate use of interventions were used to consistently manage and identify each need with a person centred approach.

**Proposed Timescale:** 24/07/2017