<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Garbally View Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000343</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Brackernagh, Ballinasloe, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>090 964 2622</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:garballyview@gmail.com">garballyview@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Tony Whyte Partnership T/A Garbally View Nursing Home</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Gearoid Harrahill</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>35</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>

**About Dementia Care Thematic Inspections**
The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations. Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care. 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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 21 January 2019 09:30
To: 21 January 2019 18:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td></td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
While this centre does not have a dementia specific unit, the inspectors focused on the care of residents with a dementia during this inspection. Twenty five residents were either formally diagnosed or had suspected Alzheimer's disease or dementia. The inspectors met with residents, relatives, and staff members during the inspection. The inspectors tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool (called Quiz). The inspectors also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self-assessment questionnaire which were submitted prior to inspection.

Inspectors also followed up on issues identified during the last inspection which were found to have been addressed.

Overall, the inspectors found that the management team, person in charge and staff were committed to improving the quality of service for residents including residents with dementia.

The centre was well maintained and nicely decorated. It was warm, clean and odour free throughout. The building was secure and residents had access to an enclosed garden area which was easily accessible. Signs and pictures had been used to support residents to be orientated and find their way around the centre.

The inspectors found that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Staff continued to strive to improve the type and variety of activities to ensure that meaningful and interesting activities were provided for all residents. Detailed life histories had been documented for all residents and staff were observed to use this information when conversing with residents.

Residents were observed to be relaxed and comfortable in the company of staff. Staff had paid particular attention to residents dress and appearance. The inspectors noted that staff assisting residents with a diagnosis of dementia were particularly caring and sensitive.

The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. The inspectors found the residents were enabled to move around as they wished.

The collective feedback from residents was one of high satisfaction with the service and care provided.

Staff were offered a range of training opportunities, including a range of specific dementia training courses.

Some improvements were required to ensure that the policy on the use of restraint was fully implemented, Garda vetting was not in place for all volunteers and aspects
of the premises did not meet the needs of all residents. These improvements are discussed further in the report and in the action plan at the end of the 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 01: Health and Social Care Needs**

**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 inspectors found that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. Residents had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Residents had access to general practitioner (GP) services and could retain their own GP if they so wished. There was an out-of-hours GP service available. Two local General Practitioners (GP) attended most residents. The inspectors reviewed a sample of files and found that GPs reviewed residents on a regular basis. The inspectors noted that medications were regularly reviewed, and individually prescribed. The inspectors were satisfied that medications were administered as prescribed and that there was no over reliance on PRN (as required medications).

A full range of other services was available including speech and language therapy (SALT), occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. A physiotherapist visited weekly. The inspector reviewed residents’ records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents’ files.

There were policies in place that set out how resident’s needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. A review of the records showed that this was happening in practice. All residents had a care plan that was developed on admission, and this was added to as the staff got to know the resident better.

The person in charge advised the inspectors that the pre-admission assessment would consider if the centre would be able to meet the needs of prospective residents. When considering admissions to the nursing home, she would consider if the residents needs would be met in that environment.
Comprehensive up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling and continence.

The inspectors noted that care plans were in place for all identified issues. Care plans were generally found to be comprehensive and informative and outlined clear guidance for staff in areas such as personal hygiene, hydration, nutrition and elimination, medication management, sleep and rest, mobility and end of life care and activities. Care plans were in place for some residents with specific needs such as pressure care, nutrition, wounds, cognitive impairment, confusion, disorientation, aspiration and responsive behaviour. Care plans guided care and were regularly reviewed. Care plans were person centered and individualised. Each resident had a individualised care plan outlining their personal feelings. There was evidence of relative and resident involvement in the review of care plans. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

Improvements were required to some care plans to ensure that there was adequate guidance for staff regarding the required settings on pressure relieving equipment for individual residents and to ensure that interventions and distraction techniques used to manage responsive behaviour were documented.

The person in charge showed the inspectors the hospital transfer letter which was completed when a resident was transferred to hospital. The transfer letter allowed for appropriate information regarding the health needs, medications and residents specific needs. Nursing staff confirmed that residents with a dementia were always accompanied by either family or a staff member when needing transfer to hospital.

The inspectors were satisfied that residents’ weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. Nursing staff told the inspector that if there was a change in a resident’s weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspectors confirmed this to be the case. Care plans in place were found to be person centered and generally very comprehensive. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

There were large written menu boards in each dining area which clearly displayed what food choices and dishes were available for each meal. Mealtimes in both dining rooms were unhurried, social occasions in domestic style settings. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal. A variety of assistive plates were provided for some residents so that they could eat their meals independently. The inspectors noted that staff assisting residents with
advanced dementia were caring and sensitive. Nursing staff supervised the mealtimes. A variety of hot and cold drinks, as well as snacks and fruit were offered and encouraged throughout the day. Residents told the inspectors that they could have something to eat or drink at any time including night time.

There was a reported low incidence of wound development and the inspectors saw that the risk of same was assessed regularly and appropriate preventative interventions including pressure relieving equipment was in use. The inspectors noted adequate wound assessment and wound care charts in place indicating that the wound was healing well. Staff had access to support from the tissue viability nurse as required.

The inspectors reviewed the files of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated post falls. The person in charge reviewed falls on a regular basis, the physiotherapist reviewed residents post falls and recommendations were reflected in residents care plans. Low-low beds, crash mats and sensor alarms were in use for some residents. The inspector noted that the communal day areas were supervised by staff at all times.

The inspectors were satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre. Staff provided end of life care to residents with the support of their GP and the homecare palliative team. The inspectors reviewed a number of 'end of life' care plans that outlined the individual wishes of residents and their families including residents' preferences regarding their preferred setting for delivery of care. The resuscitation status of residents was noted at the front of their medical file and the inspectors saw that this was regularly reviewed with the resident by the GP. Religious sacraments were available to all residents as desired. Families were facilitated to be with their loved one at end of life and were provided with refreshments and food.

Staff continued to provide meaningful and interesting activities for residents. Each resident had individualised life story and activities plan documented. There was an activities coordinator employed six days a week from 9.30 to 17.30 hours. The activities coordinators had completed training in Sonas (therapeutic programme specifically for residents with Alzheimer’s disease) and imagination gym specifically to support the delivery of appropriate activities for residents with dementia. The activities coordinators carried out both group and individual activities with residents. The activities coordinator had set aside time each day for residents who would benefit from 1:1 interaction. The weekly activity schedule was displayed and residents spoken with stated that they enjoyed partaking in the wide range of activities taking place.

During the inspection, inspectors observed residents enjoying listening to newspaper readings and partaking in sing songs. Residents told inspectors that they enjoyed partaking in exercise sessions, flower arranging, bingo, baking, arts and crafts and gardening during the summer months. Some residents spoke of enjoying attending the
weekly mass and prayer service as well as reciting the daily rosary. There were many photographs displayed of residents enjoying recent Christmas and birthday celebrations and attending summer outings to places of local interest.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
While the provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse, improvements were required to ensure that Garda Siochana (police) vetting was in place for all volunteers and to ensure that the policy on the use of restraint was fully implemented.

The person in charge confirmed that Garda Siochana (police) vetting was in place for all staff. A sample of staff files reviewed confirmed this to be the case. However, Garda Siochana (police) vetting was not available for volunteers. The management team undertook to seek Garda Siochana vetting in respect of these persons immediately. As an interim measure they undertook to ensure that volunteers continued to be accompanied by a staff member at all times. This is actioned under outcome 5: Suitable staffing.

There were comprehensive policies on safeguarding vulnerable persons at risk of abuse. Staff spoken with confirmed that they had received training and were knowledgeable regarding their responsibilities. Training records reviewed indicated that staff had received ongoing education on safeguarding and elder abuse. There had been no allegations of abuse in the centre.

The inspectors reviewed the policies on the management of challenging behaviour and restraint use. The policy on the management of challenging behaviour included a positive approach to residents with dementia, it provided guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible.
Staff continued to promote a restraint free environment, there were four residents using bed rails at the time of inspection. Comprehensive risk assessments had been completed which included a clear rationale, as well as other alternatives tried and considered. There was evidence of multidisciplinary input into the decision to use the bedrails. Alternatives such as low low beds, sensor alarms and crash mats were in use for some residents. Care plans were in place to guide staff in the care of residents using bedrails which included the requirement to carry out two hourly safety checks. However, these safety checks were not recorded in line with the restraint policy.

The inspectors observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents spoken with stated that they were supported by great staff and received very good care.

Staff spoke of the importance of maintaining a calm, quieter environment for some residents and the inspector observed this taking place in practice. There was evidence of regular review by the General Practitioner (GP) as well as regular reviews of medications. There was evidence of access and referral to psychiatry services.

Psychotropic medications were prescribed on an 'as required' (PRN) basis for a small number of residents and were administered rarely by nursing staff. However, there were no records maintained to indicate the rationale for administration of these medications, what other interventions had been tried to manage the behaviour and the effect and outcome for the resident following the administration of the medicine contrary to the restraint policy guidance.

Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care which included dealing with behaviours that challenged and management of restraint.

The inspectors were satisfied that safe and transparent systems were in place for the management of residents' finances. Small amounts of money were kept for safekeeping on behalf of some residents. All money was securely stored. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by two signatories. Balance checks carried out by the inspectors on a sample of accounts were found to be accurate and correct. There were regular reviews of accounts carried out by the person in charge and centre manager. The manager acted as pension agent for one resident who had his own interest bearing account. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items.

Judgment:
Substantially Compliant
Outcome 03: Residents’ Rights, Dignity and Consultation

**Theme:**
Person-centred care and support

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

**Findings:**
The inspectors were satisfied that residents were consulted in the organisation of the centre, and staff paid particular attention to ensuring that the privacy and dignity of residents was respected. However, the size and layout of the one three bedded room did promote the privacy and dignity of residents in that bedroom and there was inadequate space between beds. Some bedrooms did not have en suite toilet and shower facilities and the communal facilities were located a distance from some bedrooms which could negatively impact on residents' privacy and dignity. These issues were discussed with the person in charge and centre manager who advised that they would review the current building layout, location and number of shower facilities.

The inspectors noted that the privacy and dignity of residents in all other rooms was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Adequate privacy screening curtains were provided in shared bedrooms. Staff were observed to knock and wait before entering bedrooms.

Residents' committee meetings continued to be held on a regular monthly basis and were facilitated by the activities coordinator and attended by an external independent advocate. Minutes of meetings were recorded and there was evidence that issues raised by residents were acted upon by the management team, with updates for residents being a standing item on the agenda.

Residents were treated with respect. The inspectors heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents’ appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited fortnightly and some residents told the inspectors how they enjoyed availing of the service.

The inspectors found the management style and layout of the centre maximised residents’ capacity to exercise personal autonomy and choice. The inspectors observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines. Residents were supported to eat their meals in their preferred location. Residents were seen going to and from their bedrooms, bathrooms, dining room and bringing their visitors to the private spaces, with little difficulty. Some residents went on regular day trips as they wished. Other residents told the inspectors how they liked to spend time outside in the garden areas during the warmer weather.
Residents’ religious and political rights were facilitated. Mass was celebrated weekly in the centre, the rosary was recited daily in both communal rooms and a prayer service was also held weekly. The person in charge told the inspectors that residents of varying religious beliefs were facilitated as required. Residents were facilitated to vote in house, the register of electors had been updated and many residents had voted in the recent presidential election.

There was an open visiting policy in place. Residents could meet with family and friends in private if they wished, or could meet in their rooms, or communal areas of the home. Relatives spoken with were complimentary of the service provided and stated that they could visit at any time.

Residents had access to information and news, daily and weekly local newspapers, notice boards, radio, television and Wi-Fi were available. A selection of daily newspapers were delivered each morning and many residents told the inspectors how they enjoyed reading. Some residents had their own mobile telephones.

As part of the inspection, the inspectors spent periods of time observing staff interactions with residents. The inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the communal areas. The scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place for a total of one hour during of the inspection day. An overview of the observations is provided below:

The inspectors found that for 90% of the observation period (total observation period of 60 minutes) the quality of interaction score was +2 (positive connective care). Staff knew the residents well they connected with each resident on a personal level. Staff made eye contact and greeted residents individually by their preferred names, staff offered choice such as choice of preferred drinks and meal option, choice of preferred place to sit, staff fully explained to a resident what they were doing in relation to moving them from a wheelchair to their chair. Residents were observed to enjoy the company of staff, some smiling and laughing. Staff sat beside residents and were observed offering assistance in a respectful and dignified manner to residents who required assistance with eating.

**Judgment:**
Substantially Compliant

---

**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The provider had a complaints procedure which was prominently posted in the centre and available in the residents' guide. The procedure identified the person in charge of managing complaints and the process which could be followed to make an independent appeal. A complaints log was maintained with information on the matter and each entry had a section in which the complaints officer detailed their discussion with the complainant and actions taken to resolve the matter. This was done in a timely manner on each occasion. This log included verbal complaints as well as formal written submissions. The satisfaction status of the complainant was noted for each closed complaint. Residents and relatives told inspectors that they would be confident that they could make a complaint and that it would handled appropriately.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
The inspectors found that staff delivered care in a respectful, timely and safe manner. The centre was person orientated and not task focused, all staff provided care to the residents.

The inspector reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The staffing complement included catering, housekeeping and administration staff. Inspectors observed that residents and staff knew each other well.

On the day of inspection there were 35 residents living in the centre, two residents were in hospital. Residents dependency levels were assessed using a recognised validated tool. There were six maximum, seven high and 22 residents of medium dependency level. There were two nurses and four care assistants on duty throughout the day and evening time up until 20.30 hours. There was one nurse and two care assistants on duty
at night time. The activities coordinator was on duty six days a week from 9.30 to 17.30 hours. The person in charge normally worked during the day time Monday to Friday. The person in charge and the assistant director of nursing also worked some days at weekends to supervise the delivery of care.

The inspectors found there was an appropriate number and skill mix of staff on duty to meet the holistic and assessed needs of the residents during the hours of the inspection. Inspectors discussed the staffing levels in the late evening time with the person in charge. During these hours there was one nurse and two care staff on duty, the nurse was involved in attending handover and administering medications. The remaining two care staff were involved in assisting residents to go to bed, some residents who required the assistance of two staff, responding to call bells and supervising other residents in the communal day areas. The person in charge undertook to review staffing levels and skill mix in the late evening time.

There was a varied programme of training for staff. Staff spoken with and records reviewed indicated that all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, and fire safety.

The staff also had access to a range of education, including training in specific dementia care training courses, restraint management, dealing with responsive behaviour, infection control, medication management and cardiac pulmonary resuscitation. The activities coordinator had completed training in Sonas and imagination gym.

There were robust recruitment procedures in place. Staff files reviewed were found to contain all the required documentation as required by the Regulations including Garda vetting. The person in charge confirmed that Garda Síochána vetting was in place for all staff. Nursing registration numbers were available for all staff nurses. Details of induction and orientation received, training certificates and appraisals were noted on staff files.

Judgment:
Non Compliant - Moderate

**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

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

**Findings:**

Page 14 of 20
The centre consists of a single storey extended domestic house, adapted to meet the needs of its residents. The building was clean, well-maintained and decorated in a pleasant, comfortable and home-like style. The building was secure and safe, with controlled access at the external exits. Overall, the premises was suitable in size and layout for the number and needs of the residents.

The centre had two large communal living rooms and multiple smaller rooms in which residents could relax in private or receive visitors. There was a large dining room as well as alternative areas to eat which allowed space for residents who required assistance at mealtimes. Single and double bedrooms were appropriate in size and had been personalised to each resident's preferences. Residents has adequate storage space for clothing and belongings, as well as armchairs, televisions and, if required, space to store their personal equipment such as rollators and wheelchairs. In twin bedrooms, there was appropriate privacy curtains which could be closed for one person without restricting use of the room by their neighbour. One bedroom had an occupancy of three with one bed reserved for respite use. While there was space for furniture and wardrobes for the three residents, the space around the middle bed was limited.

The centre was safe to navigate and promoted residents to mobilise independently or with assistance. Handrails lined all corridors and floors were covered with a plain, consistent colour, level surface. Doors and handrails were contrasted in colour against the walls, with doors to toilets, dining areas and visitors lounges being distinctly coloured and labelled with bright, pictorial signage to help residents with dementia orientate better. The space in corridors and communal areas allowed residents to move at their own pace and with their required equipment. The centre included clear and prominent information on the time, date and weather of the day in communal areas, as well as information on what activities were on that day and what choices were available for dinner.

There was a large, nicely featured and secure garden on the premises. Pictures decorated the walls including events and activities held outside in the fine weather. A ventilated smoking room was available to residents if required. There were appropriate kitchen and laundry facilities onsite to cater for the number of residents in the centre. Rooms such as the offices, cleaners store, dirty utility room and laundry were secured to protect residents. There was adequate space to store equipment such as hoists and slings. Records were available on equipment such as hoists, slings, beds and specialised chairs being routinely serviced and maintained.

There were shower and bath options available to residents which were accessible to those requiring assistance. As discussed under Outcome 3: Residents rights, dignity and consultation, the person in charge and the centre manager undertook to carry out a review of the current building layout, to ensure that there was an appropriate number of shared shower and bath facilities in suitable locations to meet the number and needs of residents who did not have en-suite facilities in their bedrooms, they also undertook to
review the size and layout of the three bedded room.

**Judgment:**
Non Compliant - Moderate

**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:**

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Centre name: Garbally View Nursing Home
Centre ID: OSV-0000343
Date of inspection: 21/01/2019
Date of response:

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 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvements were required to some care plans to ensure that there was adequate guidance for staff regarding the required settings on pressure relieving equipment for individual residents and to ensure that interventions and distraction techniques used to manage responsive behaviour were documented in residents care plans.

1. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
Clear guidance for staff regarding the required settings on pressure relieving equipment is now documented in relevant care plans.2. A challenging behaviour tool has now been implemented.

Proposed Timescale: 22/01/2019

Outcome 02: Safeguarding and Safety
Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Safety checks carried out by staff of residents using bedrails were not recorded in line with the restraint policy. Psychotropic medications were prescribed on an 'as required' (PRN) basis for a small number of residents and were administered rarely by nursing staff. However, there were no records maintained to indicate the rationale for administration of these medications, what other interventions had been tried to manage the behaviour and the effect and outcome for the resident following the administration of the medicine contrary to the restraint policy guidance.

2. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
Safety checks are now in place and recorded by staff.2. A record is maintained to indicate the rational for administration of psychotropic drugs and the outcome recorded

Proposed Timescale: 11/02/2019

Outcome 03: Residents' Rights, Dignity and Consultation
Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The size and layout of the three bedded room did promote the privacy and dignity of residents in that bedroom. The communal bath and shower facilities were located a distance from some bedrooms which could negatively impact on residents privacy and dignity.
3. **Action Required:**  
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**  
Three bedded room will be converted to a two bedded room. A shower room will be provided. Proposed Timescale: 1st December 2019 for new shower facility. 1st December 2019 bedroom to be converted to two bedded.

**Proposed Timescale:** 01/12/2019

### Outcome 05: Suitable Staffing

**Theme:**  
Workforce

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**  
Inspectors discussed the staffing levels in the late evening time with the person in charge. During these hours there was one nurse and two care staff on duty, the nurse was involved in attending handover and administering medications. The remaining two care staff were involved in assisting residents to go to bed, some residents who required the assistance of two staff, responding to call bells and supervising other residents in the communal day areas. The person in charge undertook to review staffing levels and skill mix in the late evening time.

4. **Action Required:**  
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**  
We are in the process implementing a new shift and will be recruiting a new member of staff.

**Proposed Timescale:** 11/03/2019

**Theme:**  
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Garda vetting was not available for Volunteers

5. **Action Required:**  
Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance
with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

**Please state the actions you have taken or are planning to take:**
All volunteers contacted and relevant documentation completed and submitted

**Proposed Timescale:** 11/03/2019

---

### Outcome 06: Safe and Suitable Premises

**Theme:**
Effective care and support

The **Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The size and layout of the three bedded room did not meet the needs of residents. There was an inadequate number of showers provided to meet the needs of residents who did not have their own en suite shower facilities.

**6. Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
Three bedded room will be converted to a two bedded room. A shower room will be provided.

**Proposed Timescale:** 1st December 2019 for new shower facility. 1st December 2019 bedroom to be converted to two bed

**Proposed Timescale:** 01/12/2019