<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Griffeen Valley Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000046</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Esker Road/Griffeen Road, Esker, Lucan, Co. Dublin.</td>
</tr>
<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>
</tr>
<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>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila McKevitt</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Helen Lindsey</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>26</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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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: 27 February 2018 10:00
To: 27 February 2018 15:00

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>
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</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></td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td></td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td></td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
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<td>Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td></td>
<td>Compliant</td>
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Summary of findings from this inspection
This was an unannounced inspection conducted by two inspectors over one day. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. In order to determine this inspectors focused on six outcomes. They also reviewed information received (none of which was substantiated), notifications submitted and followed up on one action plan from the last monitoring inspection which took place in June 2017.

All 26 residents in the centre had a diagnosis of cognitive impairment, alzheimers disease or dementia. The centre did not have a dementia specific unit.

Inspectors found the centre had a person-centred service and the care needs of residents with dementia were met in an inclusive manner. Staff had received training which equipped them to engage and work therapeutically with residents who had dementia. The environment enabled residents with dementia to flourish. Residents with dementia had choices in relation to all aspects of their life and their personal choices were respected by all staff.
The provider was in full compliance with four outcomes and substantially compliant in two outcomes. The two action plans at the end of this report reflect where improvements need to be made.
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 nursing, medical and social care needs of residents were met. End of life preferences were not recorded for every resident.

Residents had access to medical and allied health care professionals. Most residents had chosen a general practitioner and pharmacist close by to care for them. They had access to a geriatrician based in the local acute hospital. In addition, they had access to a consultant psychiatrist. There was no delay in referring residents for assessment to any of the allied health care team members. However, inspectors were informed that until recently residents did not have access to a chiropodist. This issue had been resolved by the management team, inspectors saw signs throughout the centre informing residents of the date the chiropodist was next due to visit the centre. Inspectors saw evidence of referrals made, assessments completed and recommendations made in resident files.

The provider sought external companies to come in and routinely assess residents' eyesight and dental hygiene needs. There was evidence that all residents had their medical needs reviewed on a frequent basis. The pharmacist chosen by most residents delivered medications to the centre and conducted audits on medicines management. There was a multidisciplinary approach to reviewing medications, including psychotropic medications. The pharmacist, general practitioner and person in charge contributed to these three monthly reviews.

Residents had comprehensive assessments completed on admission. Those reviewed reflected the resident needs. Each need had a corresponding care plan reflecting the care required by the resident in order to meet that need. Assessments and care plans were updated on a four monthly basis. There was evidence that residents and their families were involved in the residents care plan.

Staff provided end of life care to residents' with the support of their general practitioner and the palliative care team if required. Some resident had their end of life preferences recorded and an end of life care plan in place others did not. Those completed care plans reflected each resident's wishes and preferred pathway at end of life care. They were detailed and included input from both the resident and their family.
had been transferred into and out of hospital had copies of their transfer letter from the centre to the acute hospital on file together with nursing and medical transfer letters from the acute hospital back to the centre.

Residents nutritional needs were met and they were supported to enjoy the social aspects of dining. Inspectors saw table settings in the dining room promoted independence. Residents' were given the choice as to where they wanted to eat their meals, their choice was respected and facilitated by staff. The menu provided a varied choice of meals to residents, those with a diagnosis of dementia had the same choice as other residents. Residents who required support at mealtimes were provided with timely assistance from staff. Inspectors saw this was provided in a quite, calm and professional manner. Residents had a malnutritional risk screening tool (MUST) completed on admission and this was kept under review. They were routinely weighed and had their body mass index calculated on a monthly basis. Those with nutritional care needs had a nutritional care plan in place. There were no residents identified as at risk of malnutrition. Inspectors saw that residents likes, dislikes and special diets were all recorded. These were known by both care and catering staff.

**Judgment:**
Substantially Compliant

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**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:**
Measures to protect residents with dementia being harmed or suffering abuse were in place. Residents spoken with stated they felt safe in the centre. There was a policy and procedure in place for the prevention, detection and response to abuse. There was evidence that reported incidents were investigated in line with this policy. Staff spoken with had a good knowledge of what constituted abuse and they all had up-to-date refresher training in place and all had been garda vetted. The management held petty cash on behalf of a small number of residents' practice observed reflected the policy.

The centre was moving towards a restraint free environment with only two residents with bedrails in use. These residents' had assessments in place to reflect alternatives trialled prior to their use and both had care plans in place to reflect the care provided when using bed rails.

Residents displaying behaviours that challenge had detailed person centred care plans in place. These outlined the diversional therapies that worked for the individual resident. Inspectors observed staff using these therapies with residents during the course of the
The use of psychotropic medications was extremely low. Inspectors saw that they were used as a last resort to deal with behaviours that challenge. Prescribed psychotropic medications were reviewed three monthly by the multidisciplinary team.

**Judgment:**
Compliant

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**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:**
Residents with dementia were consulted with and actively participated in the organisation of the centre. Residents privacy and dignity was respected. They had access to meaningful activities and had choice in relation to how they lived their life.

Residents with dementia had access to advocacy services. Contact details for the national advocacy service were available throughout the centre and an independent advocate had chaired the residents' meetings but was now leaving it in the hands of the activities co-ordinator. A review of minutes from these meetings showed they took place every three months. Residents with dementia contributed at these meetings, requesting activities and meals of their choice and attended appropriate events outside of the centre. Local groups come into the centre, for example kids from the local primary school have visited on a number of occasions and the residents expressed satisfaction with this positive change.

Residents were treated with dignity and respect. Residents with dementia spoken with confirmed this to inspectors. Also, inspectors observed that staff including, nurses, care assistants, catering and household staff communicated and treated residents with the utmost respect. Staff appeared to know the residents well. They took time to communicate with residents and did so in a kind and patient manner.

Residents privacy was respected. They received personal care in their own bedroom or a bathroom which could be locked. There were no restrictions on visitors and residents could receive visitors in their own bedroom or in either of the two communal sitting rooms. Inspectors saw a constant stream of visitors being welcomed into the centre. Residents, staff and visitors all appeared to know each other creating a warm atmosphere. Inspectors noted there was no private area to receive visitors in private.

Inspectors were told all residents were registered to vote. They were facilitated to vote within the centre or at the local polling station. Mass was said in the centre once every fortnight. Holy communion was offered to residents every Friday and prayers were said
There was a wide and varied range of activities available to residents to choose from. The activities coordinator organised the activities and facilitated residents to take part. Inspectors saw residents taking part in activities and others just observing within the same room. Residents residing in their bedrooms informed inspectors that they were always asked by staff if they wished to take part in activities, some confirmed that they had no interest and staff respected this.

Contracts of care were signed by the resident or their next of kin, they included the room number, layout of the room and the fees to be charged.

**Judgment:**
Substantially Compliant

### Outcome 04: Complaints procedures

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

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

**Findings:**
The complaints of each resident with dementia, his or her family, advocate or representative, and visitors were listened to and acted upon. There was a complaints policy in place which met the regulatory requirements. A copy was on display in the front hallway. Residents with dementia told inspectors that they would complain to the person in charge or any of the staff. A review of complaints recorded to date showed that they were all dealt with promptly by the designated complaints officer, the outcome of the complaint and the level of satisfaction of the complainant were all recorded. There was an appeals process however none on file had been appealed. A review of complaints had been conducted by the provider and all complaints were discussed at the quarterly risk management meetings.

**Judgment:**
Compliant

### Outcome 05: Suitable Staffing

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

Findings:
There were appropriate staff numbers and skill mix to meet the assessed needs of residents and for the size and layout of the centre.

Staff had up-to-date mandatory training in place. They also have access to other education and training to meet the needs of residents with dementia. A number had attended education sessions on providing care to dementia residents and to those with behaviours that may challenge. The remaining staff were in the process of completing a dementia training programme on line.

There were effective recruitment procedures in place. A random number of staff files reviewed contained all the required documents outlined in schedule 2. Qualified staff nurses files checked had an up-to-date registration with the relevant professional body in place. The provider had organised a team building day for staff in 2017 and completed their annual appraisal post this event. A copy of these appraisals were available for review. There was a training plan in place for 2018 which included end of life care, palliative care practices, record keeping and wound care.

There were no volunteers working in the centre.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The location, design and layout of the centre is suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way.

The layout and design provided a good standard of private and communal space and facilities. Residents and visitors said the homely and warm environment was key to their decision to choose this home. The environment was bright, clean and well maintained throughout. Hand rails were available to promote independence. There was a continual plan of maintenance where resident’s bedrooms were redecorated.

The premises offered an appropriate environment for people with dementia. The
“racetrack” design, where one corridor leads onto another, allowed all residents to walk around unimpeded. The centre had a secure courtyard area which was safe for use by all residents. This contained suitable furniture for residents and visitors and was adorned with flowering containers. Those who enjoyed company could sit in the day room while other residents could use the quiet room or the conservatory if they wished. Bedrooms were comfortable, had adequate wardrobe space and storage for personal possessions. There were a mixture of single and twin rooms, a number were en suite. Single bedrooms containing a wash-hand basin had a bathroom situated close by. One bathroom had an assisted bath and shower and the other bathroom had an assisted shower. There was an assisted toilet close to the sitting room area. The dimensions of the bedrooms and number of bathrooms met the requirements of the National Quality Standards for existing buildings. There was a functioning call bell in all bedrooms, bathrooms and in all communal areas. An increase use of colour and improved signage may assist residents' with dementia maintain their independence for longer.

The centre and its grounds were maintained to a high standard. Inspectors observed a high standard of cleanliness throughout, and residents and relatives expressed satisfaction with the facilities provided and with the standard of maintenance and cleanliness.

| 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:**

Sheila McKevitt  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
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<tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000046</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>27/02/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>05/04/2018</td>
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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:**
Each resident’s end of life preference was not always recorded.

**1. Action Required:**
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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1 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:
The Director of Nursing holds formal and informal conversations with all residents and representatives (where applicable) in relation to end of life. Preferences and wishes are always documented.

However, at times the subject can be difficult to broach and a person may feel uncomfortable with the conversation. This was not always documented in the care plan.

The Director of Nursing will review all care plans and re-visit the conversation with residents who have refused to discuss their preferences. Their refusal/wishes/preferences will be documented.

Proposed Timescale: 30/04/2018

Outcome 03: Residents’ Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no private room/area to receive visitors in private.

2. Action Required:
Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident’s room, if required.

Please state the actions you have taken or are planning to take:
The centre has 3 double bedrooms. The occupants of these rooms are the only occupants that require a private space as all other rooms are private.

There is planning permission for a structure to the side of the main building. It is planned that the reception is to be refurbished allowing one of the offices to be freed up which can be allocated as a visitors room/consultation room.

The NTPF rate is not due to increase until October 2018 meaning the budget will not be available until then. The timescale for this is approximately 18 months for completion.

However, in the interim we plan to convert the small sunroom that is located at the back of the centre into a “Coffee Shop”. This room can be closed off with by a sliding door and blind to offer privacy. There will be tea making facilities located in this room also for visitors and residents to utilize. The “Coffee Shop” will be completed in 2 months.
Proposed Timescale: 31/05/2018