Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Griffeen Valley Nursing Home
Name of provider:	Griffeen Valley Nursing Home Limited
Address of centre:	Esker Road, Esker, Lucan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	10 March 2026
Centre ID:	OSV-0000046
Fieldwork ID:	MON-0049825

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre was a purpose-built facility situated in Lucan, County Dublin. The centre is registered to care for up to 26 residents, both male and female, over the age of 18. It offers general nursing care to residents with health and social care needs at all dependency levels. The building is a single-storey premises with accommodation provided in 20 single rooms and three twin rooms. Nine of the single rooms and all of the multi-occupancy rooms have their own en-suite facility. There are a variety of communal areas that residents could use depending on their choice and preferences, including two sitting rooms, a dining room and a conservatory. In addition, there are also two enclosed courtyard areas that allow residents to access outdoor space safely.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 10 March 2026	08:15hrs to 15:40hrs	Bernadette McDonald	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day by one inspector. On arrival the inspector was greeted by a staff nurse. The inspector completed a walk around the centre accompanied by a staff nurse and later by the registered provider representative (RPR). This was followed by a introductory meeting with the person in charge (PIC) and the registered provider representative (RPR). Over the course of the day, the inspector spoke with seven residents and met four visitors. From what the residents told the inspector and from what the inspector observed, it was evident that residents were happy living in Griffeen Valley Nursing Home. Visitors expressed a high level of satisfaction with the quality of care provided to their relatives and most stated that their interactions with management and staff were positive and they also remarked on the low staff turnover. One of the residents said they were "very happy living here and well looked after". Another resident said "all the staff are very kind and caring".

The inspector spent time observing the environment, interactions between residents and staff , and reviewing various documents. All interactions observed were person centered and courteous. Staff were observed knocking on residents doors before entering their rooms and offering choice to residents, for example offering a choice of drinks or attending to a resident who preferred to go for a walk instead of sitting in the day room. Staff were responsive and attentive without any delays while attending to residents' requests and needs. Call bells were seen to be answered without delay. The inspector observed that residents were getting good care and attention. The inspector spoke to staff and they were knowledgeable about the residents care and needs. They were familiar with the residents daily care and routines and what activities they liked.

Griffeen Valley Nursing home is a single storey designated centre registered to provide care for 26 residents with no vacancies on the day of inspection. The centre is located in Lucan, Co.Dublin. The centre has twenty single rooms and three twin rooms, all twin rooms and nine single rooms have en-suite toilet and shower facilities. Residents' bedrooms were clean, suitably styled with adequate space to store personal belongings. Residents rooms were personalised with items from home that were meaningful to the individual. For example, the inspector saw family photos displayed in residents rooms and ornaments and personal memorabilia. The privacy and dignity of the resident's accommodation in the double rooms was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings.

There was a choice of communal space which was seen to be used through out the day by residents. There were handrails along the corridors to aid residents mobility and these had been repainted in line with the previous compliance plan. Residents were observed moving freely around the centre. The corridors displayed framed collages of photographs of residents, residents were observed looking at these with

staff and reminiscing on the events in the photos. Information leaflets on advocacy services, infection prevention and control and the complaints procedure were on display throughout the centre. Residents had access television, newspapers and radio, and could access the enclosed communal garden freely.

The main lounge the bigger of the two areas, was busy all day with activities. From early morning residents watched a streamed mass on television. Activities staff played games with residents and plenty of friendly conversation and good humoured fun was observed between residents themselves and with staff. The local folk group played in the afternoon to a packed audience of residents in the main lounge. The inspector observed the delight and happiness of residents both verbally and visually by their beautiful singing along to songs and their happy smiles and clapping hands to the sound of the music. The other day room, the lavender room had a smaller gathering of residents and a calmer relaxed atmosphere. Many of the resident spoken with in this room voiced they preferred the calm and quiet area. These residents also participated in activities throughout the day such as music and knitting. Residents were free to choose how they spent their day. A smaller visitor room was located of the lavender room. This room has five boxes of Personal protective equipment (PPE), six staff lockers and cleaning equipment such as brushes and dust pans stored in it, resulting in limited space for visiting.

The inspector observed residents enjoying their breakfast, most in their bedrooms by choice and one having breakfast in the dining room. The lunch time experience was observed to be calm, relaxed and person centered. One of the resident choose to dine in her room. Residents said that "the food was very good" and the inspector observed residents being offered choice of drinks and desserts. A menu was displayed on the blackboard in the dining room with a choice of meals which consisted of roast chicken or burgers with gravy, while dessert options included apple pie and jelly and ice cream. Residents independence was promoted with condiments on each table. Residents who required assistance were attended to by staff in a dignified, relaxed and respectful manner. The inspector observed the food to be wholesome and nutritious. The food looked appetising and was well presented to the residents. Staff were knowledgeable about dietary requirements of residents. Overall, the dining room experience was seen to be a positive, relaxed and social experience. Water jugs were observed in residents bedrooms and a drinks trolley with a large range of biscuits and drinks was offered to residents on two occasions during the inspection and residents were also served drinks such as tea on request.

The next two sections of this report will present findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection were that the governance and management arrangements in place were effective and ensured that residents received person centred care and support. This was a one day unannounced inspection to monitor compliance with the Health Act 2007 ((Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). The inspector also followed up on the actions taken by the provider to address improvements following the last inspection in February 2025. The compliance plan had been actioned and there were sustained levels of compliance seen with respect to the regulations assessed. However some areas for improvement were identified in areas such as premises as further described in regulation 17: Premises.

Griffeen Valley Nursing Home Limited is the registered provider for the designated centre. There are two company directors who were actively engaged in the running of the centre on a daily basis. The management structure within the centre was clear, with identified lines of authority and accountability. The person in charge was supported in their role by an assistant director of nursing (ADON), a team of staff nurses, healthcare assistants, catering, housekeeping, laundry, administration, activities and maintenance staff. There were deputising arrangements in place for when the person in charge was absent.

The standard of record keeping in the centre was reviewed by the inspector and found to be in line with the regulations. All records were stored in a secure area and available on the day of inspection. The directory of residence was up to date and contained all information required by the regulations.

The management team had a system in place to monitor the quality and safety of services and effectiveness of care given. The provider held regular meetings that included risk management meetings and staff meetings when items such as complaints, risk taking, staffing and residents activities were discussed with actions identified and followed up appropriately. The records of governance and management meetings showed that the quality improvement plan was reviewed regularly to ensure changes were implemented. A comprehensive annual review of the quality of service in 2025 had been completed by the provider, in consultation with residents and their families. The review identified area for improvement and development to complete in 2026.

Regular key performance indicator trending and analysis and auditing was occurring with defined actions in place. Examples of performance areas included falls incidents, pressure ulcer prevalence, infection rates and weight loss. Records showed incidents were low in these areas.

There was a complaints policy in place. The complaints officer and review person were identified and a review of the complaints log found that there was evidence of investigation of complaints and they were resolved in a timely manner. The complaints procedure was on display throughout the centre. Details of advocacy services were on display in brochure and poster format.

Regulation 19: Directory of residents

The registered provider had established and maintained a Directory of Residents accommodated in the designated centre and it was made available on the day of inspection. The directory included all the required information specified in schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Staff files contained the records outlined in schedules 2 of the regulations, for example evidence of references and photographic identification. These were stored securely in the centre and made available for inspectors to review.

Other records specified in Schedules 3 and 4 of the regulations, for example the incidents of restraint use and a copy of the duty roster were maintained.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. There were deputising arrangements in place for key management roles. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose.

A comprehensive annual review of the quality and safety of care provided to residents in 2025 had been completed by the person in charge, with targeted action plans for improvement set out for 2026. The review also contained feedback and consultation with residents and their representatives.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of residents' contracts of care which included details of the allocated bedrooms, the services to be provided and the fees payable under the Nursing Home Support Scheme or otherwise.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an appropriate complaints procedure in place, which was displayed throughout the centre. The Inspector viewed a sample of complaints and saw that all complaints were responded to promptly and in line with their complaints policy. The records show the complaints were recorded and investigated in a timely manner and that complainants were advised of the outcome. A complaints log was kept and discussed at the risk management meetings held every three months.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the care and support residents received was of high quality and ensured they were safe and well-supported. Residents' needs were being met through good access to health and social care services and opportunities for social engagement. The inspector observed that the staff treated residents with respect and kindness throughout the inspection.

Staff were observed to appropriately communicate with residents who had communication difficulties. They afforded time to the resident to express themselves and did not hurry them. A review of the resident's records showed that when a resident had a communication difficulty, it was appropriately assessed, and all relevant information was recorded in a personalised care plan. The care plan was regularly reviewed and updated to reflect any changes to the resident's communication needs.

Overall the centre was found to be clean and maintenance works were ongoing in relation to updating floor coverings and paint restoration works. For example many of the rooms had flooring updated while a plan was in place to complete other rooms and areas. The design and layout of the centre was suitable for its stated purpose and met the residents individual and collective needs in a homely way. However, the inspector observed that further actions were required in relation to premises as outlined under regulation 17: Premises.

Residents were seen to be offered and have access to adequate quantities of food and drink with set meal times and additional refreshments available throughout the day. Residents reported to enjoy their meals and that the portions were enough. A residents meeting identified a request for a choice of a "fry up " at the weekends, this was implemented by management and residents now have this choice at the weekends.

The Inspector identified some examples of good practice in the prevention and control of infection (IPC). For example, staff were observed to apply basic IPC measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment and safe handling and disposal of waste. The provider had processes to manage and oversee IPC practices in the centre. The centres interior and residents equipment were seen to be clean. Cleaning staff spoken with were knowledgeable regarding IPC protocols in relation to their role. Used laundry was segregated in line with best practice guidelines, and the centre's laundry had a workflow for dirty to clean laundry, which prevented the risk of cross-contamination.

Risks identified by the nursing home in a recent IPC risk assessment identified a need for a stainless steel clinical dressing trolley (this is necessary to ensure aseptic technique while carrying out clinical duties such as wound care dressings and urinary catheter changes as it can be easily cleaned down), this was implemented and in use on the day of inspection. An auditing system was in place to review cleaning activities and environmental cleanliness. There was a IPC policy available for staff, which included guidance on covid-19 and multidrug-resistant organisms (MDROs). The provider had appointed a "champion IPC Nurse" to oversee practices being implemented by staff and to monitor daily implementation of all IPC measures. There had been three outbreaks since the last inspection in February 2025. Each outbreak had a assigned file and these files gave clear evidence that each outbreak was managed in line with correct IPC measures and Public Health guidance.

The inspector reviewed a sample of five residents care plans. Pre-assessment were completed prior to admission. Validated risk assessment tools were used to identify specific clinical risks, such as falls and malnutrition. Care plans were reviewed at four monthly interval and this process involved inviting the residents and their family to a care plan meeting. Where a resident had a change in care from recommendations given by a health professional, example general practitioner or dietician, their care plan was updated accordingly. All care plans reviewed had a communication profile and advanced care directive in place.

Regulation 10: Communication difficulties

Residents were facilitated to communicate freely, with appropriate care plans in place and staff were aware of their communication needs.

Judgment: Compliant

Regulation 17: Premises

Areas of improvement were observed since last inspection in February 2025 such as the handrails on the corridors had been freshly painted and lockable storage was present in all residents rooms. Some areas required further review to ensure compliance with the regulatory requirements set out in schedule 6: There was a lack of storage space which resulted in inappropriate storage in the centre. For example:

- Commodes, hoist and wheelchairs were stored in communal bathrooms.
- Residents adapted wheelchairs were stored in en-suites.
- Personal protective equipment (PPE) was stored in five clear boxes stacked on top of each other in the visitors room.
- Cleaning equipment such as sweeping brushes and dustpans were observed in the corner of the visitors room.
- Six staff lockers were in the visitors room.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

All residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. The meals were served hot and in the consistency outlined in residents' individualised nutritional care plan. Residents' dietary needs were met, and there was adequate supervision and assistance provided to those who required it at mealtimes. Regular drinks and snacks were provided throughout the day.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that processes were in place to mitigate the risks associated with the spread of infection and to limit the impact of potential outbreaks on the delivery of care.

The provider met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018)

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Resident care plans were detailed and person-centred, and were informed by an assessment of clinical, personal and social needs. A comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the residents' needs. A range of validated assessment tools were used to inform the residents care plans. Care plans were formally reviewed at intervals not exceeding four months and residents and families were invited to a care plan meeting to participate in this. Where there had been changes within the residents' care needs, reviews were completed to evidence the most up-to-date changes.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant

Compliance Plan for Griffeen Valley Nursing Home OSV-0000046

Inspection ID: MON-0049825

Date of inspection: 10/03/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. Unused commodes were removed and put into storage with the remaining commode stored in the sluice room. There are 2 hoists in use. Both hoists have a designated storage point (out of communal areas). A reminder was circulated to all staff regarding this. Wheelchairs owned and used by residents (adapted and transfer) are placed in residents bedrooms when not in use. 2. PPE boxes were removed from the visitors room on the day of the inspection 3. Dustpans and brushes were removed from visitors rooms 4. Staff lockers will be relocated to the new build when completed. As per last inspection, storage was an area that was identified as requiring attention. We now have planning permission for a small build to the side of the main building. This will address the storage issues as all storage areas within the main building will be reconfigured once this new space is available. We aim to have the new build completed by the end of 2026. We are currently awaiting clarification in relation to fire certification and SDCC conditions.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2026